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ABSTRACT

Report of a four-day workshop on optometric clinical education for clinical administration and faculty is presented. The workshop addressed the following four issues: (1) the objectives of present and future clinical education in the light of public needs and professional responsibilities; (2) the nature, types, setting, and extent of clinical experience required to provide for present and future educational needs; (3) methods and techniques of clinical education and responsibilities of the clinical instructors; and (4) evaluation of student performance and program effectiveness. For each issue a topic outline, presentation summary, workshop conclusions, and evaluation are provided. A summary of a special presentation on assessing medical competence is also included. Findings of the project evaluation are outlined. Half the report consists of the following appendices: a calendar of conference events, lists of the advisory committee, project staff, and attendees, copies of educational materials distributed by presenters, details of the evaluation data, and a curriculum vitae. (PHR)

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Final Report
on
A Faculty Workshop on Clinical Instruction for Optometric Education

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June 29, 1979

The Association of Schools & Colleges of Optometry

HE 011 688

REPORT ON A FACULTY WORKSHOP

ON CLINICAL INSTRUCTION FOR

OPTOMETRIC EDUCATION

Conducted By:
The Association of Schools and Colleges of Optometry
Under DHEW/HRA Contract # 232-78-0195
Submitted:

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I. Introduction

As provided by the contract the Association of Schools and Colleges of Optometry (ASCO), the contractor planned, arranged and conducted a four-day meeting/workshop on optometric clinical education for clinical administrators and faculty from the thirteen (13) United States schools and colleges of optometry. Representatives of the two Canadian schools were included at ASCO expense. The meeting/workshop was held in Williamsburg, Virginia, on March 8-11, 1979.

A five-member contract Advisory Committee was established. The Committee met to consider and advise regarding the major issues and questions upon which the meeting/workshop program should focus, the criteria for selection of the meeting participants, the methodology for evaluation of the workshop, and the alternative sites and dates for the workshop.

With due consideration to these and other recommendations, plans were developed for the issues to be covered and for the meeting format to be followed. The major discussion issues (covered in some detail later in this report) to be addressed were:

1. The objectives of present and future clinical education in the light of public needs and professional responsibilities;

2. The nature, type, extent and setting of clinical experience required to provide for present and future educational needs;

3. Methods and techniques appropriate to clinical education; responsibilities of clinical instruction; and

4. Evaluation of student performance and program effectiveness.

The meeting format consisted of a one to one and one-half hour presentation on each of the four topical areas, made to the entire group of participants by the Adjunct Faculty. Following each such session the participants divided into six workshop groups to discuss issues and questions related to the topic covered by the lecture presentation. Workshop sessions were followed by workshop reports of conclusions and recommendations presented to the entire participant group. After this process had been applied to all four issue areas, the workshop facilitators for each issue met to prepare a consensus draft report for presentation at the concluding general session.

The results of this process, topic by topic, as well as participant evaluation of the sessions are covered in the following sections of this report.

II. ISSUE #1 The Objectives of Present and Future Clinical Education in the Light of Public Needs and Professional Responsibilities.

A. Topic Outline

To develop instruction relevant to student needs, one must identify:

(a) the professional roles students will assume after completing their training.
(b) what constitutes effective performance within those roles.

The professional roles to be assumed vary widely and, in their totality, define optometry as it presently exists. They are also constantly changing under the impact of evolving societal needs, innovations in law and public policy, and technological development.

Optometric clinical education must be geared toward preparing students to fill future as well as present professional roles. It must be dynamic enough to reflect and incorporate change dictated by these impacting forces. Effective performance may be described as the most desirable or satisfactory execution of the responsibilities associated with a professional role, i.e. the ideal. But it may also be based on an analysis of actual professional performance in current practice. Educational objectives must be based on both criteria and reflect not only what the student should do but also what he/she will do.

Questions:

1. Can objectives be formulated specifying the knowledge, skills, and attitudes required for each component of professional performance?

2. Who should decide what the content, extent, and balance of clinical education program should be?

3. Should the performance objectives of clinical education govern the content area and scope of coverage in basic science and professional courses? How can the sequence best be integrated?

4. When should clinical education begin? Should clinical exposure always be preceded by complete didactic preparation? Can the didactic program be made more relevant by integration of theoretical concepts with clinical examples, e.g. anatomy and physiology of the cornea with use of anesthesia or application of contact lenses?

5. Expanding professional roles require added clinical education elements as well as time. How can such adjustments be made without increasing the length of the professional program? Have other areas been reduced in emphasis? Should they be? If so, which ones?

6. As students learn, they become capable of assuming increased responsibility for decision making. This implies a higher rate of judgement error and a consequent decrease in satisfactory patient care than if the clinical instructor maintained complete control. Yet learning is promoted by making decisions and seeing their consequences. How can this conflict be resolved?

B. Presentation Summary

Presenter: Paul J. Munson, Ed.D.

An introduction was given that outlined the confusion that exists with the term "objectives". The presenter pointed out that over the past decade many authors have used different words to mean essentially the same thing concerning objectives. Having defined and clarified the various words being used for educational objectives the presenter addressed two major questions. The first question was "What is new about objectives these days?" The presenter in answering this question focused on: a) the different ways professionals are using objectives; b) how to determine objectives and keep them current; and c) who should determine the content and scope of objectives.

The second major question dealt with the ticklish issue of how one organizes and sequences objectives so that various disciplines may be coordinated and integrated.

A detailed topical outline of the presentation with references is included in Appendix D, pages 32-50.

C. Workshop Conclusions and Recommendations

Based on the presentation and workshop discussions, the following conclusions and/or recommendations were made:

1. Assurance of optometric standards of excellence is imperative. In the light of optometry's role as a health care profession, the definition of the "generalist" should be defined epidemiologically, reflecting society's requirements for optometric care. Such an effort should be undertaken with full recognition of identifiable legal constraints, and with the goal of specifying the knowledge base, skills and attitudes required by the optometric generalist.

2. Performance objectives for clinical education should govern the content and scope of the optometric curriculum. These objectives should be based on the role of the optometric generalist as derived epidemiologically.

3. Planned and periodic review of the optometric curriculum should be undertaken in an effort to keep it dynamic and responsive to society's needs.

4. While the uniqueness of each school and college of optometry is valuable and should be maintained, the schools and colleges should all have a common core curriculum.

5. There should be an improved exchange of information regarding curricular content and methodologies among the schools and colleges of optometry.

6. The Association of Schools and Colleges of Optometry should seek to initiate an exchange of clinical faculty to share ideas, provide coordination and efficiency of efforts, and such an exchange should be for a period of time that is sufficient to achieve such goals.

7. The early entry of students into the clinical environment is recommended for the purpose of improving student morale as well as providing a sense of direction for the remaining professional education.

8. Epidemiologists , health economists, health planners and their interactions with science, technology, and ergonomics must be utilized when planning, evaluating and changing the professional optometric programs.

9. In an effort to meet an expanding role of the optometric profession, the hiring of faculty, should include: a) job description specifying the desired professional characteristics of the optometric educator; b) the determination of the distribution of time between administrative and teaching facilities; and c) definition of the role relationship between administration and faculty.

10. Effective faculty development programs should be planned, implemented, and maintained in dynamic state.

11. Expertise in the specialty areas should be achieved through postdoctoral course and clinical work, especially through residency programs.

D. Workshop Evaluation

The overall concensus of the workshop participants was that the topical area was of interest to them, relevant and of potential use to their schools. The overall response was well above average. However, the overall amount of material perceived as learned from the workshop was only average.

In reference to the presenter evaluation, the participants found that the presenter had a good grasp of the subject material, however, the use of working materials and the presenter's overall impact was just average. The presenter's style and articulation was somewhat above average.

III. ISSUE #2 The Nature, Types, Extent and Setting of Clinical Experiences Required to Provide for Present and Future Educational Needs.

A. Topic Outline

To prepare students for future professional roles and responsibilities, an educational experience must be provided which simulates, to the extent possible the full scope of optometric practice. Clinical education should provide sufficient numbers and types of patient encounters in a broad array of potential practice environments.

Optometric care exists within a context of total health care. The professional must be aware of the relation of vision problems to the patient's general physical and mental health as well as the effect of other health disorders on the visual system. A working knowledge of the roles of other health professionals and an ability to communicate and work with them in the patient's interest is required. Optometric clinical education should provide environments in which the student can work with other health professionals.

Questions:

1. Can minimum levels of experience in terms of numbers and types of patients be specified? Is the relationship between quantity of experience and increased learning linear or asymptotic?

2. Is it possible to provide sufficient experience to predicate competence in all, some, or none of the areas of clinical activity? Should we attempt to develop proficiency in, for example, treatment of strabismus or low vision equally with that expected in spectacle or contact lens correction of refractive anomalies?

3. Should some elements of the clinical curriculum be elective rather than required? If so, which ones, and why?

4. Is continuity of care a priority? Should clinical programs be structured to permit or encourage ongoing care by the student who sees the patient initially?

5. What should be the role of off-campus satellite outreach clinic? Do frequent changes and rotations interfere with learning? How can their educational content be controlled and their learning potential assessed?

6. Are preceptorships and externships effective? Do they have unique benefits not possible in other clinical training environments? Should they be elective or mandatory?

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B. Presentation Summaries

Presenters: John Amos, O.D., M.S.; John Roggenkamp, O.D. and Jack Richman, O.D.

Presented by Dr. John Roggenkamp

The role of off-campus experiences can be considered two-fold, a) that of providing special training for career alternatives and b) providing intensive patient care experiences. The special training aspects may include but are not limited to hospital care, public service, pediatrics and rehabilitation. Intensive patient care experiences can be considered from two viewpoints: high volume experiences such as those offered by the military and comprehensive experiences such as found in rehabilitation programs. It is important to note that these experiences do not replace controlled and sheltered learning experiences in on-campus clinical education.

The value of learning experiences at off-campus sites is related to the length of the rotations, shorter rotations being less valuable since continuity of doctor/patient relationships is limited. It is desirable that rotations be of length and content sufficient to present a complete experience to the student. Currently, I feel that six weeks is the absolute minimum time which would allow these factors to operate. Off-campus rotations may "interfere" with traditional learning experiences and teaching since the clinician supervising the intern may not have traditional teaching experience. I would warn you that these experiences may be either "better" or just "different". In most events, the student will regard it as better since the teaching is non-traditional. The value of off-campus experiences is influenced by their placement in the curriculum. It is important that these experiences occur after the intern has completed his or her basic clinical experiences allowing for evaluation by faculty and self-evaluation prior to assignment to a more independent role in a preceptorship.

Educational content and assessment of the learning potential of a preceptorship can be controlled by careful design of inter-institutional agreements and/or defining the practitioner's role as a preceptor. Satellite and contracted services are easiest to control, since they are usually staffed with clinical faculty. Outreach clinics may be controlled by a community or governmental organization and need to incorporate provisions for proving the acceptability of staff to the school or college of optometry. The most difficult to control are military affiliations, since the staff may change and the school or college will have no control over the new staff appointments. The assessment of learning potential and actual learning that occurs is difficult, since many of these experiences use non-traditional teaching methods. Perhaps the only way to accurately measure these values is to measure the pre-and post-preceptorship integration skills of the intern.

The benefits of the preceptorship experience can best be summed up by stating that the intern usually has only patient care to worry

about and quickly evaluates his or her skills and rapidly remediates problem areas. The combination of a "real world" experience away from acedemia combined with intensive patient care experiences usually produces a desirable change in the student's attitude toward his own skills as well as the values of providing competent, complete patient care. I have often found the returning preceptee asking for more clinical experience and spending more time learning problem-solving and integrating his class-room knowledge with clinical problems and solutions.

There are several pitfalls which should be watched for: a) programs can be cancelled for lack of a sponsor, lack of money, or other reasons; b) staff changes may produce an unwillingness or inability to complete the educational aspects of the program; c) the preceptorship programs are expensive to the school and to the student; d) the idea of removing students from college environment sounds attractive, but these programs are hard to maintain once established; and they require constant supervision and reassurances.

I am of the opinion that off-campus clinical experiences should be mandatory for all students during their last year. They should be freed, during this period, from all academic involvement and allowed to pursue clinical activities full-time. I have noted that most students spend their time on preceptorships restudying their didactic courses in order to integrate these areas with their clinical skills. I believe that, we, as educators, should assure the student, prior to graduation, that he or she knows what they are doing and they are good at it.

Presented by Dr. John Amos

Each of the presenters was assigned the task of preparing oral comments on two of the six (6) questions noted above. I will address, as my segment of the panel discussion, only questions #1 and #2.

#1 Can minimum levels of experience in terms of numbers and types of patients be specified? Is the relationship between quantity of experience and increased learning linear or asympototic?

In response to the first part of this question, the answer is simply Yes. Indeed, minimum levels of experience can be specified and should be specified. If one examines this question based purely upon educational need, then some 1000 patient care experiences may well be necessary.

It is felt that clinical learning, although somewhat linear when one time averages clinical experiences, may well be a <u>step function</u> on a learning event-by-learning event basis. Until one reaches significantly greater numbers of patient care experiences than noted above one would expect learning to increase out of novelty and be reinforced because of redundancy.

#2 Is it possible to provide sufficient experience to predicate competence in all, some or none of the areas of clinical activity? Should we attempt to develop proficiency in, for example, treatment of strabismus or low vision equally with that expected in spectacle or contact lens correction of refractive anomalies?

Yes, it is possible to provide sufficient experience to predicate competence in most areas of clinical activity when one considers the epidemiology of vision and eye conditions. One can establish minimum levels of competence for most of the conditions reporting to the optometrist today.

The clinical curriculum should attempt to provide the didactic and clinical experience to allow minimum levels of competence in lower incidence such as strabismus and low vision. Patient population and the emphasis area of the institution may well dictate whether or not every institution is able to meet such standards.

C. Workshops Conclusions and Recommendations

Based on the recognition that optometric schools and colleges have the responsibility of preparing future professionals, whose roles encompass the total scope of optometric care, the workshop participants recommended that:

1. All schools and colleges of optometry be encouraged to define the philosophy and concept under which they operate their parent clinical facilities as well as affiliated outreach programs as a means of clarifying the relationship of patient care to clinical education.

2. A standard method should be developed and adopted which defines and determines patient encounters for an optometry student. Consideration for the standard should include such concerns as numbers, types, quality, setting; etc.

3. Minimum levels of patient encounters can and should be specified to assure graduation of a competent optometrist through a systematic study of learning curves of clinical care that have a standardized level. Parameters such as, but not limited to, student/staff capabilities, clinical facilities, and patient encounters need to be carefully controlled, exactly specified, and closely tailored to meet those existing or desired expectations of clinical faculties.

4. Schools and colleges of optometry can and should provide the necessary teaching and experience of all avenues within the scope of their profession to predicate competence. Since competence is defined as having the knowledge, skills, and attitudes to provide management and or the proper sequential management for proper optometric patient care, and recognizing that minimal direct patient encounters may be necessary in those conditions having low or rare prevalence it should be recognized that shared experiences, case reports, video tapes,

and other indirect teaching methods should be utilized to supplement direct experience in such conditions.

5. When students perform to an accepted level of competence within an educational institution's professional program, selective courses should be offered to further enrich the student's preparation. (A selective is defined as a course which redistributes total time commitment without increasing that commitment; an elective course is defined as a course, by choice, which add to the total time commitment of the educational process outlined by the institution.)

D. Workshop Evaluation

Although the workshop participants found the topical area to be of strong interest to them, the amount of material actually learned from the workshop and presentation were moderate. In addition, relevance and potential usefulness of the concepts and materials presented were only slightly above average.

The presenters' style and articulation as well as their impact on the participants were seen as average and the presenters' grasp of the subject material was above average, but the use of working materials was given only a fair rating.

IV. ISSUE #3 Methods and Techniques of Clinical Education; Responsibilities of Clinical Instructors.

A. Topic Outline

Clinical education is concerned with mastery of techniques, continual practice in forming judgements and making decisions, and the development of attitudes about oneself, one's work and others with whom one deals. Each patient encounter becomes a mini-course in which the student responds to a clinical problem by demonstrating skills, judgment and attitudes which may be appropriate or inappropriate. In order to facilitate learning the student must know what is expected and receive immediate feedback on the adequacy of his performance. The setting and conditions must simulate as closely as possible those which will be met in actual practice.

Clinical instruction may take many forms depending on the level of competency of the learner and the complexity of the task to be learned. Basic knowledge can be transmitted in live or programmed lecture as well as by audio-visual or printed materials. Psychomotor skills are usually learned through demonstration followed by practice. Judgmental and decision making skills can be taught in paper and pencil simulations as well as in real-world clinical experiences. Attitudes are developed by role modeling and reinforcing appropriate behavior but may be enhanced by role-playing and group discussion. The instructor must have a mastery of the skills and knowledge expected of the student, experience in exercising clinical judgment, and the professional attitudes which provide a good model for the student. In addition, he must have the teaching skills to formulate and explain objectives, evaluate performance, give correction, and provide positive motivation for continued learning.

Questions:

1. What methods are most effective for instructing in the dynamics of student-patient interaction such as interviewing, case-history taking, and case presentation? How can professional attitudes best be taught?

2. What are the optimum practical student/instructor ratios at each level of clinical learning? Is it better to have prolonged supervision of students by one instructor rather than frequent changes?

3. Are non-technical attributes such as appearance, mode of dress, and language skills and usage, appropriate elements of clinical education?

4. Should the hierarchy of clinical skills, i.e. data gathering--case analysis--case management--be introduced sequentially or simultaneously?

5. Can clinical teaching skills be determined before appointment. How can clinical faculty be kept current with teaching methods? What should be the nature, frequency, and scope of in-service training programs?

6. What are the advantages in having full-time vs. part-time clinical faculty? Should clinical faculty be expected to do research? Should all faculty with the professional degree participate in clinical instruction?

B. Presentation Summary

Presenters: Laurence C. Bauer, M.S.W., Jan Towers, M.S., Hiram L. Wiest, M.D.

During the last twenty years, researchers in the fields of Psychotherapy, Education and Medicine have begun to explore the sources of gain in human relationships. They found that in all interactions, the counselee, student or patient could improve or deteriorate. Further, the interpersonal skills of the provider significantly correlated with the counselor's growth, the patient's compliance and the student's learning.

The early studies of Carl Rogers, Ph.D., Robert Carkhuff, Ph.D. and others, identified a set of concepts and principles which sought to explain the sources of gain. Concepts such as empathy, genuineness and unconditional positive regard were defined and research techniques were constructed to rate their presence in human relationships. These and other concepts were found to be associated with patient and learner gain in a broad range of studies.

These explanatory concepts were translated into interpersonal skills through the work of Robert R. Carkhuff, Ph.D. Interpersonal skills training programs demonstrated the predictive power of this approach by measuring the effectiveness of trained professionals and paraprofessionals. Consistently the research documented that those providers and faculty with high levels of interpersonal skills were most capable of fulfilling their human responsibilities.

The transition from concepts to skills proved critical in the move to translate the research findings into methods to improve professional selection, training and evaluation. By way of illustrating this change, the early observation of Carl Rogers, Ph.D., that the most effective helpers were those who could experience the feelings of a patient (empathy), became a goal which a person could work towards by practicing the skill of responding. The following skill steps were designed to assist a person to practice this skill.

Step 1 - Attend (i.e. prepare yourself to pay attention and communicate interest)

1) make eye contact
2) place yourself at a comfortable distance
3) assume an erect posture

Step 2 - Observe (i.e. pay attention to the person's behavior and appearance)

1) suspend your judgement
2) look at the person's appearance (notice their physical characteristics, clothing, etc)
3) look at the person's behavior (notice their mannerisms, actions, facial expressions)
4) draw inferences about the persons's mood, values and relationship to you and others based on what you have observed

Step 3 - Listen (i.e. hear what the person is saying)

1) resist distractions
2) recall the content of what the person is saying
3) listen for intensity of expression (i.e. tone of voice, words stressed)
4) check out the accuracy of what you heard (i.e. reflective listening)
5) draw inferences about the person's mood, values, etc. by listening for recurring themes.

Step 4 - Respond (show that you have an understanding that is interchangeable with the person's experience as they see it)

1) identify the person's feeling (you feel _____)
2) identify their reason for feeling this way (because _____)
3) state your response to check out its accuracy

While this list does not complete the components of the interpersonal skills program, it serves to illustrate the first step in a skills training program. By specifying the behaviors involved in a skill, a learner can develop a clear understanding of the skills he/she needs to practice. Concepts become usable in a teaching program when operationalized into observable and repeatable skill steps.

Interpersonal skills and effective teaching skills used in such a programmatic way provide the means for faculty to shape the future practice of their learners.

C. Workshop Conclusions and Recommendations

Based on the presentation and workshop experiences, the participants made the following recommendations.

1. Clinical teaching skills can be determined before appointment utilizing such mechanisms as a) interviews with the faculty, b) guest lectures to faculty and students, c) publications, d) direct clinical observations, e) short term or conditional appointment and f) residence qualifications.

2. Clinical faculty should be kept current with teaching methods through in-service training programs at their institutions and consideration should be given to regional in-service training programs involving more than one school, faculty exchange programs, the utilization of outside resources (educators from other health science training programs) and graduate education in the discipline of education.

3. In-service training programs should be conducted at least annually and preferably before the beginning of each school year and the scope of the program should be broad, covering all areas of clinical education.

4. There should be a desired mix of full time and part-time clinical educators; however, the issues should be studied further, recognizing that institutions differ and each may have a unique and singular mix.

A number of advantages and disadvantages of full and part-time faculty employment were identified within this workshop. The following is a summary.

FULL TIME	PART TIME
ADVANTAGES	
1. Familiar with the curriculum, that is, what is being taught	1. Familiar with surviving
2. Is available at other than scheduled school time	2. Does have clinical exposure in patient care in abundance
3. Generally familiar with current literature both in theory and clinical practice	
DISADVANTAGES	
1. Not practicing in "real world"	1. Not always familiar with curriculum and workings of a school
2. May or may not have the opportunity for clinical exposure in patient care	2. Not available
	3. May not be familiar with the literature

5. All clinical faculty should be encouraged to participate in scholarly endeavors with release time for it.

6. Academic programs should be related to clinical programs in that all faculty members with a professional degrees should be encouraged to participate in clinical education. However, the latter should not be mandatory.

D. Workshop Evaluation

The participants of Workshop #3 rated their interest, relevance of the topic, and overall potential use of the concepts and materials presented, as very good. In addition, the amount of material learned from the workshop was perceived to be well above average.

The presenters' style and articulation as well as grasp of the topical material was rated as being very good. In addition, the presenter's overall impact on the participants was also seen as good. In addition, the workshop participants gave an above average rating to the presenter's use of working materials.

V. ISSUE #4 Evaluation of Student Performance and Program Effectiveness.

A. Topic Outline

There are three general purposes of evaluation:

(a) Management of the instructional process; e.g. to determine the adequacy of entering competence, monitor student progress, assign students to special tracks, identify problems for remediation, etc.

(b) Assessment of the overall success of instruction; e.g. to measure achievement of objectives, assign grades, etc.

(c) Improvement of the quality of instruction; e.g. to revise the course or the evaluation instrument.

Since optometric clinical education demands the mastery of certain performances required by the professional role, there must be absolute minimum competence levels, clearly specified, met by all students. Evaluation should be based on a Pass/Fail rather than a letter grade criterion. Students must meet these criteria at each level of training before advancing to the next. (Challenge Statements)

Program effectiveness can be both internally and externally validated. Internal validation is primarily based on evaluation procedures which measure performance compared to course objectives. External validation measures include patient satisfaction, performance on licensing boards, and subsequent professional achievement. To get more objective assessment of program effectiveness, there should be a strong effort to obtain external validation from as many sources as possible.

Questions:

1. Should student performance be averaged for all clinical areas, e.g. contact lenses, vision therapy, etc., or should passing be based on competence levels for each area?

2. Should evaluation be based on the sum of observations of individual examinations in which conditions are as nearly equal as possible for all students? Can clinical grades be based on written examinations?

3. How can communication skills, attitudes, and characteristics such as responsibility, integrity, and industry be evaluated? What should be done about the student who combines good technical skills with immaturity, irresponsibility, or lack of interpersonal effectiveness?

4. Is it practical to devise self-paced clinical education rather than the predominant "lock' step" method? What methods are available to remediate the failing student? Are there reliable

means of predicting clinical performance based on pre-clinical achievement?

5. Should off-campus rotations and preceptorships have specific evaluation procedures and Pass/Fail letter grade criteria?

B. Presentation Summary

Presenter: Barbara J. Andrew, Ph.D.

The presentation directly addressed many of the questions noted above using examples and the literature related to evaluation to support the inferences.

A topic-by-topic outline of the presentation was given to all participants and may be found in Appendix D. A discussion of the concept of "minimum competence" along with the factors influencing the setting of standards of competence was placed in the context of developing methods for obtaining consensus regarding such standards.

The topics of assessment of communication skills, attitudes, and personal characteristics, the use of self-paced clinical instruction and the evaluation of off-campus clinical rotations was discussed in light of the medical and associated health professions experiences.

C. Workshop Conclusions and Recommendations

Based on the presentation and workshop sessions, the conference participants made the following recommendations in reference to the evaluation of student performance and program effectiveness:

1. Student performance should be assessed independently for each clinical area defined in the program and passing should be based on preset competency levels.

2. Evaluation should be based on a combination of: a) observations by the clinical faculty member in actual patient care situations; b) structured practical examinations; and c) written examinations.

3. Interpersonal and communication skills, as well as personal characteristics should be evaluated prior to admission to the optometry program by on campus interviews and/or psychological testing of all applicants. The same area should be constantly evaluated for each student during the preclinical and clinical phases of the program, and methods of remediation should be developed to help students deficient in any of these areas.

4. Innovative programs which serve as alternatives to the "lock step" approach of clinical education should be encouraged within the confines of what is practical and applicable for each school and college of optometry.

5. Remedial programs (such as counseling, tutoring, leaves of absence, etc.) should be implemented to reach students that are deficient in given areas of the professional program.

6. Sufficient, reliable, and valid means of predicting clinical performance based on preclinical achievement are lacking, and therefore, ASCO member institutions should be encouraged to research and develop such criteria.

7. Off campus rotations should have specific procedures established by the parent institution for student monitoring, evaluation, placement, and follow-up support.

8. Student performance in a clinical setting should be based on either a) Pass/Fail system or the standard "A-F" system.

D. Workshop Evaluation

Overall, Workshop #4 received a very positive response from the conference participants, the topic stimulated significant interest and was very relevant to their activities and was felt to be of potential use in the individual schools and colleges. In addition, the amount of new material learned was also well above average.

The presenter's style and articulation as well as grasp of material was seen as being outstanding. Consequently, the presenter's impact on the participants was significant. The participants also viewed the presenter's use of working materials as very good.

VI. Special Presentation - Assessing Medical Competence: Some Concepts and Realities

A. Presentation Summary

Presenter: Jack L. Maatsch, Ph.D.

Basic concepts associated with norm-referenced and criterion-referenced tests of medical competence were reviewed and related to problems associated with sampling different domains of medical knowledge. The universes of cognitive knowledge, psychomotor skills, and affective skills were differentiated for purposes of testing. Results of a HEW sponsored research project evaluating several test formats were presented.

A model of physician competence which best explains the results of the research was described. This model holds that Multiple-Choice tests sampling relevant clinical knowledge and ratings of clinical performance on Simulated Patient Encounters measure the same underlying general competence factor. This general competency factor permeates all domains of medical knowledge. While a general competency factor is a major influence in clinical performance, case specific variability of performance is also observed. To obtain reliable measures of a general competency to diagnose and manage in clinical situations, it is necessary to observe performance over several cases to average out case specific factors influencing the performance of physicians.

It was suggested that both types of test strategies were appropriate for measuring cognitive knowledge if test items broadly sampled a number of domains of knowledge represented in the course or unit being evaluated. For assessing clinical competence it is more important to develop multiple-choice items involving clinically relevant information. Using a clinical situation type item helps assure clinical-relevance of content sampled.

If observations and ratings of clinical performance can not be standardized between clinical faculty to produce high inter-rater reliabilities and representative sample of clinical performances, then objective multiple-choice tests using clinical situation type items are the best method of measuring clinical competence.

Clinical faculty should be encouraged through evaluation training to standardize ratings of performance so that reliable ratings (high inter-rater reliability) can be obtained and minimally acceptable performance levels can be established for passing. This is especially important in the area of clinical psychomotor skills. These skills are specific and minimum pass levels should be established for each. Averaging scores or ratings across a number of skills, or broadly sampling skill domains is not appropriate in the universe of clinical psychomotor skills.

B. Evaluation Summary

The participants found the topical area of competency assessment to be of significant interest for them. In addition, the entire area of the evaluation was seen as very relevant and potential use to each school and college of optometry. However, the actual amount of new material learned only received an average rating.

The participants felt that the presenter's educational style was below average although his grasp of the materials certainly was felt to be very high. However, the weakness in the style of the presentation as well as the below average rating that the working materials received, contribute to a below average overall impact for this special presentation.

VII Project Evaluation

The evaluation strategies utilized for this project were directed at a comprehensive assessment of the conference content, process, organization and overall impact on the participants. Specific evaluation instruments were developed to assess each presentation and workshop, the conference as a whole, and pre- and post-conference participant perceptions of clinical education in the schools and colleges of optometry. (Appendix E includes the evaluation instruments with detailed tabulations of the results.) The previous sections summarized the evaluation of each presentation and workshop. The following paragraphs present the results of the overall conference evaluation, the changes in participant perceptions of clinical education, as well as some concluding evaluation comments by the project staff.

A. Conference Summary Evaluation

Overall, the conference participants (92% responding to the evaluation) rated the presentations and workshops as very good. In addition, the conference faculty received a good evaluation. All of the four issues discussed were well received. Issues #3 and #4 were evaluated the highest with Issues #1 and #2 receiving slightly lower ratings. All four issues, however, averaged approximately 4.0 on a scale of 5. While the faculty and the workshops themselves received a very good rating, the presentation handouts and the audio visual materials utilized (or not utilized) were rated only as average or below average. In reference to the organization of the conference, the participants found that the meeting rooms, the total facilities, as well as the logistics of the conference planning and implementation were rated very highly. Appendix E contains the detailed evaluation data collected.

B. Participant Perceptions of Clinical Education

All conference participants were asked to complete a pre- and post-conference questionnaire aimed at assessing participant perceptions of clinical education in the schools and colleges of optometry. The participants were asked to rate the number of topical issues that were to be discussed in the conference in terms of what they felt their particular institution's greatest strengths and weaknesses. While there were only a few areas that showed any significant change in terms of pre- and post-conference attitude, the results provide a beginning basis for a rational approach to the planning and implementation of strategies to correct deficiencies and sustain strengths.

Question #1 In Which one of the following broad areas of clinical education does your institution have its greatest strength and weakness?

Responding participants indicated that at their particular institutions the greatest strength was in the nature and types of clinical experiences that their students received. This was reinforced and increased by the workshop as reflected in the post-conference questionnaire. Also, it is interesting to note that there was a signifi-

cant decrease in the number of respondents indicating that the nature and type of clinical experiences that their students received at their particular institution was their greatest weakness (from 18% to 6%). The pre-conference survey showed that the greatest weakness of clinical education in each particular school as seen by members of that institution centered around the issue of clinical faculty development and evaluation as well as student evaluation. This attitude was reinforced in the post-conference survey. The area of behavioral objectives was also consistently seen as a significant weakness both in the pre-and post-conference questionnaire, with a slight increase after the conference.

Question #2 In which one of the following broad areas of clinical education do you feel optometric education in the United States and Canada has its greates strength and weakness?

This question attempted to assess the overall attitudes of optometric clinical educators and administrators relative to the strengths and weaknesses of optometric education in the United States and Canada as a whole. Both in the pre-conference and post-conference questionnaire, the respondents indicated that the nature and types of clinical experiences, the methods of clinical instruction, and the sequence of clinical education were all significant strengths in the schools and colleges of optometry. In reference to the weaknesses, again there was consistency in the pre- and post-conference questionnaire results, with the identification of clinical faculty development and evaluation, student evaluation, and behavioral objectives for clinical instruction as the greatest weaknesses. It is interesting to note that while the nature and types of clinical experiences consistently was recognized as the greatest strength in a little less than 50% of the respondents, the number of respondents indicating this area as a significant weakness increased in the post-conference survey from 11% to 22%.

Question #3 Which of the following issues in "Topic 1 - Behavioral Objectives for Clinical Instruction is most and least important at the present time at your institution?

This question addressed the issue of behavioral objectives for clinical instruction and asked participants to identify those aspects of this issue that they felt were most and least important at their institutions. Respondents consistently indicated that the area of technical skills versus judgemental capabilities was the most important issue at their particular institution. In reference to the area of least importance, there was a shift from the pre-conference to the post-conference survey. In the pre-conference survey the majority of respondents identified the changing scope of optometric practice as the least important issue on campus. In the post-conference survey, the least important issue was identified as the non-cognitive aspects of patient care, however there was an overall positive response to the workshop dealing with non-cognitive or interpersonal relations aspects of patient care. That is, given the

participant recognition of the importance of this area, the clinical faculty recognized that in fact this issue has received less attention than it probably should.

Question #4 Which of the following issues in "Topic 2 - The Sequence of Clinical Instruction" is most and least important at the present time at your institution?

Question #4 surveyed participant attitudes concerning the sequencing of clinical instruction. A significant majority of respondents in both the pre- and post-conference survey indicated that problem-solving orientation to patient care and the integration of clinical science with basic and applied health sciences were the most important issues at their institutions. In reference to the respondents' perception as to the aspect of sequencing of clinical instruction that they felt was least important, the majority in both the pre-conference and post-conference survey indicated that the question of when to begin patient care experiences was least important.

Question #5 Which of the following issues in "Topic 3 - Methods of Clinical Instruction" is most and least important at the present time at your institution?

This question addressed the issue of the methods of clinical instruction. In both the pre-conference and post-conference survey, the majority of the respondents indicated that the issue of student/patient interaction skills was most important. The issue of self-paced clinical instruction was consistently seen as least important. There were no significant differences in the pre-conference and post-conference pereceptions in this area of clinical education.

Question #6 Which of the following issues in "Topic 4 - Nature and types of Clinical Experience is most and least important at the present time at your institution?

This question addressed the nature and types of clinical experiences. The issue of the need to specify the quantity and quality of patient care experiences consistently was seen as the most important issue in this area of clinical education. The issue of practice models used in clinical education consistently was seen as having least importance in the schools and colleges. Again, participant perceptions in this area of clinical education did not significantly change after the conference.

Question #7 Which of the following issues in "Topic 5 - Clinical Faculty" is most and least important at present time at your institution?

This question addressed the issue of clinical faculty and its role in the educational process. In both the pre-conference and post-conference survey, the issues of continuing competency and development of clinical faculty, and the criteria for selection and retention of clinical faculty, were seen as the most important issues facing their institution. However, the issue of criteria for selection and

retention was seen as significantly more important after the conference than before the conference. Issues of research responsibility of clinical faculty and the desired mix of part-time and full-time clinical faculty, were consistently seen as the least important issues.

Question #8 Which of the following issues in "Topic 6 - Evaluation" is most and least important at the present time at your institution?

This question addressed the area of evaluation of clinical education. In both the pre-conference and post-conference survey, a strong majority of the respondents indicated that the methods for determining student performance, for example direct observation, practical examination, etc., were the most significant issues at their particular institution. In reference to those aspects of evaluation that the respondents saw as least important, there is a significant difference between the pre- and post- conference survey. In the pre-conference survey, the issues of institutional grading policies of clinical education, and the assessment of non-cognitive behaviors, were equally seen as least important. However, in the post-conference survey the issue of institutional grading policies was overwhelmingly seen as the least important issue. This shift resulted from a significantly decreased number of respondents identifying the assessment of non-cognitive behaviors as a least important issue. This is consistent with other findings pointing out the growing recognition of non-cognitive aspects of clinical education as being very important.

C. Staff Evaluation

It was felt that the observations and perceptions of the consultants and staff members who attended and participated in the workshop would shed additional insights to the overall success and quality of the program.

Certain aspects of the program almost defy specific evaluation and must be gleaned from conversation, experience and feeling. One aspect noted by almost every staff member was the intense need and desire among participants for communication regarding clinical education. The commonality of interest, the sharing of success and failure and the true understanding of the sphere of clinical education were factors that seemed to bind the participants together.

To the best of our knowledge there has never been such a gathering of clinical educators for the expressed purpose of reflection and recommendation for action.

All Schools and Colleges of Optometry in North American partipated in the process while over 90% of the participants evaluated the conference. In addition, 88% of the participants responded to the extensive pre-conference questionnaire and 68% responded to the post-conference questionnaire. These results alone demonstrate the interest in the subject material presented.

Some participants wrote a brief narrative on the evaluation instruments; in such cases the overwhelming majority were statements regarding the high quality of the workshop and presentations.

In summary, the process was an exceptional educational and communications experience for the participants while many of their consensus recommendations reflected the need for a continuing dialog regarding this very important topic.

APPENDICES A - F

APPENDIX A

OPTOMETRIC CLINICAL EDUCATION WORKSHOP

CALENDAR OF EVENTS

DAY & DATE	TIME	EVENT	IN
Wednesday	1:00 PM	Arrival/Check-in	
3/7/79	6:00 PM	Welcoming Reception	
	7:00 PM	Dinner	
Thursday	7:30 AM	Breakfast	
3/8/79	8:30 AM	Introduction/Announcements	
	8:45 AM	Presentation - Issue #1	Assembly Room
	10:00 AM	- Coffee -	
	10:15 AM	Workshops - Issue #1	Seminar Rooms 1-6
	11:45 AM	Workshops Reports/Discussion	Assembly Room
	12:30 AM	Luncheon	
	1:30 PM	Presentation - Issue #2	Assembly Room
	2:45 PM	- Coffee -	
	3:00 PM	Workshops - Issue #2	Seminar Rooms 1-6
	4:30 PM	Workshop Reports/Discussion	Assembly Room
	5:30 PM	Recess	
	7:00 PM	Dinner	
Friday	7:30 AM	Breakfast	
3/9/79	8:30 AM	Presentation - Issue #3	Assembly Room
	9:45 AM	- Coffee -	
	10:00 AM	Workshops - Issue #3	Seminar Rooms 1-6
	11:30 AM	Workshop Reports/Discussion	Assembly Room
	12:30 PM	Luncheon	
		- AFTERNOON FREE -	
	7:00 PM	Dinner	
	8:00 PM	Special Presentation	Assembly Room
Saturday	7:30 AM	Breakfast	
3/10/79	8:30 AM	Presentation - Issue #4	Assembly Room
	9:45 AM	- Coffee -	
	10:00 AM	Workshops - Issue #4	Seminar Rooms 1-6
	11:30 AM	Workshop Reports/Discussion	Assembly Room
	12:30 PM	Luncheon	
	2:00 PM	Draft Recommendation Workshops	Seminar Rooms 1-6
	4:00 PM	Recess	
	7:00 PM	Dinner	
Sunday	7:30 AM	Breakfast	
3/11/79	8:30 AM	Recommendation Reports/Issues 1 & 2	Assembly Room
	10:00 AM	- Coffee -	
	10:15 AM	Recommendation Reports/Issues 3 & 4	
	11:45 AM	Concluding Summary	
	12:00 Noon	Adjournment	
	12:30 PM	Luncheon	

Appendix B

Advisory Committee and Project Staff

Advisory Committee

Mr. Paul Harris, President, American Optometric Student Association

Dr. Sheldon Leibowitz, Chairman, Council on Clinical Optometric Care

Dr. Theodore Oberman, Chief of Optometry, Group Health Association, Washington, DC

Dr. Nelson J. Reber, Director of Clinics, University of Houston College of Optometry

Dr. Paulette P. Schmidt, Clinical Coordinator, The Ohio State University, College of Optometry

Project Staff

Mr. Lee W. Smith, Executive Director, Association of Schools and Colleges of Optometry (Project Director)

Mr. Robert C. Coulter, Management Consultant (Project Manager)

Dr. Frank A. Brazelton, Chairman, Department of Optometry, Southern California College of Optometry (Curriculum and Faculty Director)

Dr. Jerald W. Strickland, Dean of Academic Affairs and Acting Director, Division of Patient Care, Pennsylvania College of Optometry (Evaluation and Reports Manager)

Dr. Anthony F. DiStefano, Associate Professor of Public Health, Pennsylvania College of Optometry (Evaluation and Reports Manager)

Appendix C

List of Attendees

University of Alabama, Birmingham

Dr. John F. Amos, Director of Residency Programs
Dr. Jimmy D. Bartlett, Assistant Professor, Optometry
Dr. Allen J. Blume, Instructor, Optometry

University of California, Berkeley

Dr. Darrell B. Carter, Assistant Dean
Dr. Michael E. Fukai, Associate Director of Clinics

Ferris State College

Dr. Robert L. Carter, Associate Professor
Dr. James E. Paramore, Associate Professor
Dr. Jack E. Richman, Associate Professor
Dr. Louis Warshaw, Director of Clinics

University of Houston

Dr. David M. Perrigin, Assistant Professor
Dr. Nelson J. Reber, Director of Clinics
Dr. Charles Stewart, Interim Dean

Illinois College of Optometry

Dr. Morris Berman, Associate Professor
Dr. Anthony Nizza, Director of General Clinic
Dr. Derrald G. Taylor, Chairman, Division of Patient Care

Indiana University

Dr. Freddy W. Chang, Assistant Professor
Dr. Steven A. Hitzeman, Assistant Professor
Dr. James E. Hunter, Director, Indiana University Optometry Clinic, Indianapolis

University of Montreal

Dr. Claude Beaulne, Director, School of Optometry
Dr. Roland Giroux, Director of General Clinic
Dr. Nicole Lapierre, Professor

The New England College of Optometry

Dr. William M. Dell, Director, Division of Primary Optometry
Dr. David A. Greenberg, Director, Division of Community Optometry
Dr. Neal N. Nyman, Director, Dorchester Home Eye Care Service

The Ohio State University

Dr. Arol Augsburger, Clinic Coordinator
Dr. Michael Polasky, Assistant Professor
Dr. Paulette P. Schmidt, Clinic Coordinator

Pacific University

Dr. Lynn J. Coon, Assistant Professor
Dr. James E. Peterson, Director of Clinics
Dr. John R. Roggenkamp, Associate Director of Clinics

Pennsylvania College of Optometry

Dr. Felix M. Barker, Chief, Primary Care Service Module
Dr. Michael M. Cohen, Associate Professor
Dr. Thomas L. Lewis, Chief, Professional Staff
Dr. Charles F. Mullen, Executive Director, The Eye Institute

Southern College of Optometry

Dr. D. L. Mormon, Chief of General Clinics Staff
Dr. Henry N. Peters, Jr., Professor
Dr. Wylie Tirey, Clinic Training Supervisor

Southern California College of Optometry

Dr. Morris Applebaum, Director of Clinical Training
Dr. Tom Brungardt, Chief, Contact Lens Service
Dr. Harold A. Snider, Chief, Primary Care Optometry Service

State University of New York

Dr. Edward R. Johnston, Acting President, College of Optometry
Dr. Stuart M. Podell, Chief of Primary Care Department
Dr. D. Leonard Werner, Chairman, Clinical Optometric Sciences Department

University of Waterloo

Dr. D. B. Buck, Clinic Coordinator
Dr. Mitch Samek, Lecturer
Dr. M. E. Woodruff, Director, School of Optometry

Professional Organizations Representatives

Dr. Sheldon L. Leibowitz, Chairman, Council on Clinical Optometric Care
Dr. John D. Robinson, Secretary-Treasurer, International Association of Boards of Examiners in Optometry
Dr. John A. Rose, Member, Council on Optometric Education

Student Representatives

Mr. Paul Harris, President, American Optometric Student Association
Mr. Bernard Maslovitz, Student Consultant to the American Optometric Association
Mrs. Concetta Raciti, Vice-President-Elect, American Optometric Student Association
Mr. Philip J. Schwartz, President, Class of 1979, Pennsylvania College of Optometry

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APPENDIX D

EDUCATIONAL MATERIALS DISTRIBUTED BY PRESENTERS

ISSUE #1

Optometric Clinical Education Workshop

Williamsburg, Virginia - March 8, 1979

Paul J. Munson, Ed.D.

Introduction

Figure 1 The Tower of Babel Revisited

Instructional Objectives	Instructional Outcomes
Behavioral Objectives	Terminal Objectives
Educational Objectives	Competencies
Instructional Objectives	Goals
Measurable Objectives	Outcomes
Enabling Objectives	Performance Objectives

Figure 2

Example 1. Instructional Outcome	Instructional Objective
The student will be able to use the principle of positive reinforcement in a real world situation.	Performance - the student will relate the principle of positive reinforcement to classroom discipline problems and academic achievement. Condition - Given a classroom context. Standard - So that <u>all</u> discipline problems are eliminated, students achievement scores are 85% or better and students and teachers express in writing anonymously that they are satisfied with their learning experiences.

Example 2.

The participation will be able to formulate a plan for enriching their course.	1. The participant will be able to: a. Identify strengths and abilities; b. Identify career values; c. State mid and long range life goals; d. Describe their personality pattern according to Jungs types; e. Analyze the relationship between their strength, values, life goals, personality pattern and their present paid and non-paid work environments. f. Given this career analysis the participant will be able to set at least 3 personal objectives that can be achieved over a period of a year.

Example 3.

The student will be able to perform a visual examination.

1. What is new about objectives these days?

1.1 How are objectives being used?

Students use .....

- clarify expectations between faculty and students
- a guide for learning
- review sessions
  - for board exams
  - tests
  - quizzes

Faculty use .....

- awareness of curriculum material
  - reduce overlap
  - coordinate team teaching
- plan for testing

Institutions use .....

- to meet certification expectations
- developing a curriculum
- analyzing the curriculum
- resource to other institutions

1.2 What does present research say about the use of objectives?[1]

Issue:

- objectives indicate to students what is required thus relevant learning is enhanced.
- objectives discourage students from expanding their horizons by encouraging them to confine their learning to specified objectives, thus incidental learning is depressed.

Evidence:

Research: Relevant learning

- studies support the claim that providing objectives to students enhances learning.

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1 Based on the article "Resolution of Conflicting Claims Concerning the Effect of Behavioral Objectives on Student Learning".

- studies support the view that objectives did not enhance relevant learning. It did not depress such learning either.

Inferences:

- Objectives are ineffective if:
  - students ignore the objectives provided,
  - the objectives are too general,
  - the objectives of particular interest are only a small proportion of those provided to students, and
  - students are not conscientious and highly motivated.

Research: Incidental Learning

- Inferences:
  - when and where objectives are given to students is important.
    - pre-instruction, objectives serve as orienting stimuli.
    - post-instruction, objectives serve as reinforcement.
  - pre and post-objectives would enhance relevant learning.
  - pre-objectives would enhance relevant learning but depress incidental learning.
  - objectives should be spread throughout an instructional program.
  - students performance should be enhanced more by using post-objectives than by pre-objectives.

1.3 How should objectives be determined and kept current?

- Approaches to determining objectives.
  - Subject-Content Approach
  - Task-Analysis Aproach
  - Problem-Analysis Approach

Figure 3. Comparing Different Approaches to Determining Objectives

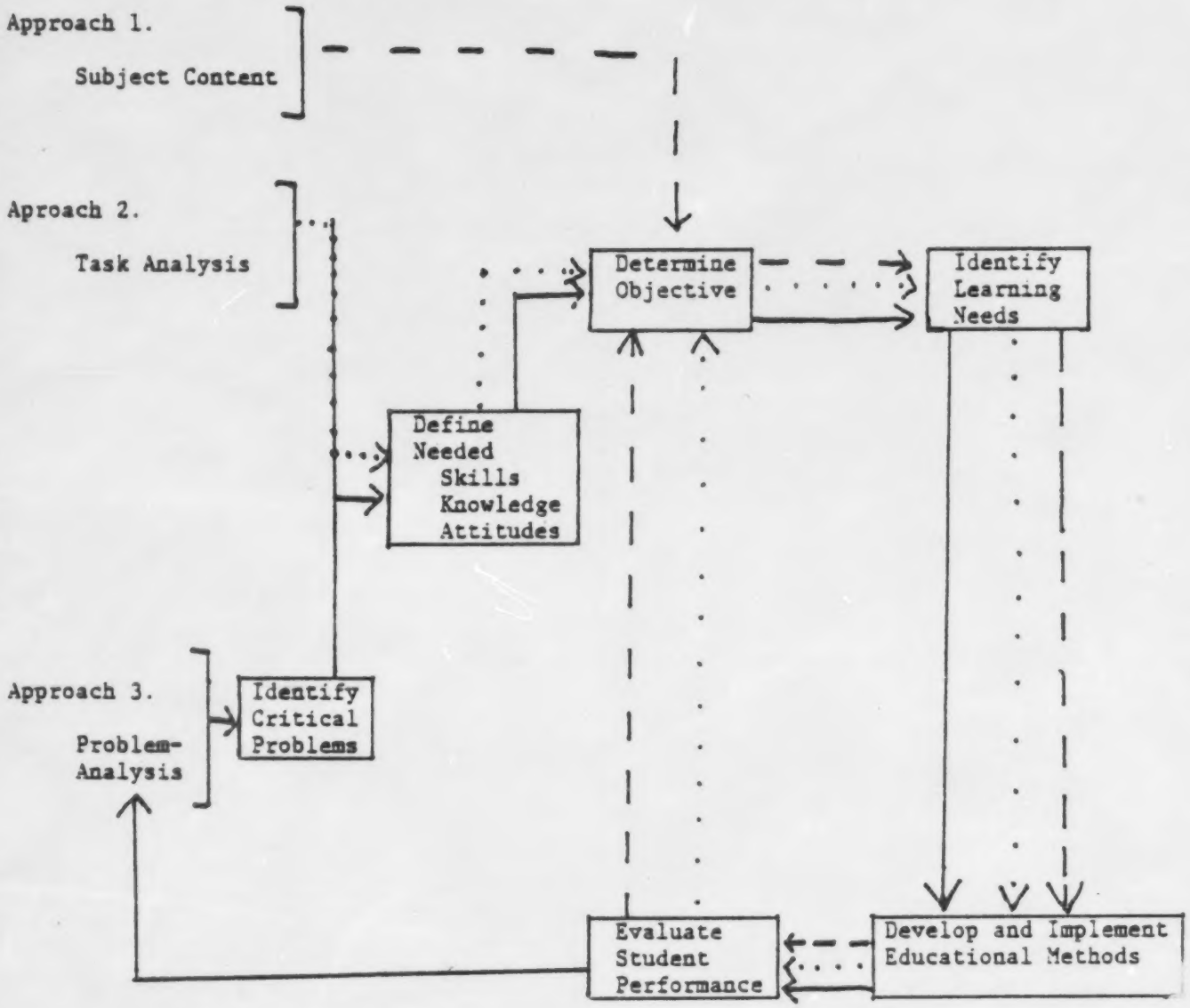

Figure 4. Problem Analysis Approach to Determining Objectives

Presenting Problems	Knowledge Base				
1. Patients	Basic Sciences	Clinical Sciences	Behavioral Sciences		
a.					
b.					
c.					
d.					
2. Practice Management	Business	Behavioral Sciences			
a.					
b.					
c.					
d.					
3. Professional Roles	Education	Political Science	Ethics	Public Health	
a.					
b.					
c.					
d.					

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ISSUE #3

OPTOMETRIC EDUCATION: CLINICAL TEACHING AND CLINICAL FACULTY EVALUATION*

* Excerpted with permission of the authors from:
"Communication Skills for Dental, Optometry and Podiatry Faculty"

Developed by: Dr. Mikail Cohen
Carkhuff Institute of Human Technology
Amherst, Massachusetts 01002

Kegel-Flom, P. Evaluating and Improving Clinical Instruction, American Journal of Optometry and Physiological Optics, Vol. 54, No. 10, Oct. 1977: 708-715.

The article describes a study conducted at the University of California, School of Optometry at Berkeley. The purpose of the study was:

1. to identify the characteristics of effective clinical instructors,

2. to measure the quality of clinical teaching,

3. to assist instructors to improve the effectiveness of their clinical instruction.

Senior optometry students and clinical faculty were asked to describe the characteristics of the best and worst clinical instructors in the school. The information was analyzed and a set of 25 items describing the best instructors was constructed. The components included the following:

1. Professional Breadth - clinical knowledge and expertise.

2. Instructor-Student Relationship - attitude toward students.

3. Interactive Teaching - encourages student participation and problem solving.

4. Feedback Effectiveness - guides the learning process through constructive feedback.

5. Instructor-Patient Relationship - sensitive and responsive interactions with the patient.

The descriptive inventory is completed by students at the end of each teaching term. Feedback is provided to each instructor on student ratings in each of the five components. Each clinical instructor has the opportunity to consult with a staff psychologist about his/her teaching. The profile composite from the student evaluation is the central focus of the consultation. The instructor is encouraged to explore the weakness and develop strategies for the next term. Progress and improvements are then monitored.

The author concludes that good clinical instruction can be described and measured. The author further states that the personal attention, reinforcement, and advice given to faculty during the consultations will hopefully improve their clinical instruction.

INSTRUCTION OF COMMUNICATION SKILLS

TO OPTOMETRIC STUDENTS

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Levine, N. Improving Student Understanding and Management of Patients through Role-Playing and Video Taping, Journal of Optometry and Physiological Optics, Vol. 53, No. 2, Feb. 1976: 95-99.

The article describes a teaching program at the Pacific University, College of Optometry that teaches communication skills using video tape and simulated patients.

The author cites research findings which indicate that poor communication between the doctor and patient can lead to the following negative out comes:

1. patient fails to follow instructions,
2. patient fails to pay for service,
3. patient changes to another practitioner,
4. patient may file a complaint.

Good communication, according to the author, can be taught to students by combining inputs from psychology, counseling, education, and audio-visual technology.

The author designed an elective course to teach the following:

1. the importance of positive doctor-patient communication,
2. communication and interviewing theory,
3. skills and techniques of interviewing,
4. essential factors of an effective helping relationship,
5. nonverbal and verbal influences on the doctor-patient relationship.

Following the theoretical/discussion phase of the course, students practice the skills in role-play situations using simulated patients. Role-play situations and patient characteristics are based on inputs received from 20 practicing optometrists.

The role-play interviews are videotaped and observed by other class members behind a one-way mirror. Students receive videotaped feedback and constructive criticism from the class and instructor. At the end of training, students view a videotape made at the onset of the course and their last practice interview. This provides students with a means to observe improvements in their communication skills.

The author concludes that the use of simulated patient experiences with employment of videotape and playback provides students with skills needed to develop good professional relationships with patients.

Levine, Nira Identifying and Teaching Affective Skills in Optometric Education, Paper Presented to the Meeting of the American Academy of Optometry, Dec. 11, 1978.

The author reviews the current status of the affective components in the optometric curriculum and describes an elective course offered at Pacific University, College of Optometry.

The article reports that the Association of Schools and Colleges of Optometry designed a curriculum model in 1977. Selected examples from the curriculum include:

Clinical Patient Care:

1. patient-doctor relationship,
2. patient as a person,
3. role and significance of case history in patient care.

Professional Orientation and Service:

1. the optometrist as a counselor and confidant,
2. human interpersonal relationships with the optometric patient,
3. general principles of verbal and nonverbal communication,
4. art of listening.

A review of the current optometry college catalogues and personal communication by the author to the schools revealed that 8 of the 13 schools include courses which relate to the affective curriculum content.

The author describes a course in patient communication which emphasizes interpersonal communication, interviewing techniques, and patient management. The skills taught include:

1. Attending Skills - physical posture and listening,
2. Interviewing and Counseling Skills - reflection, confrontation, summation, clarification, closed and open questioning, and directive and indirective leading.

The skills are then practiced in role-play situations. Students receive videotape feedback and constructive criticism from the class and instructor.

The author concludes that communication skills can be taught and learned like other specific optometric techniques. The author recommends that individual schools incorporate affective skills training into their curricula as identified by the Association of Schools and Colleges of Optometry.

Wick, R. Communication as an Optometric Technique, American Journal of Optometry and Archives of American Academy of Optometry, Vol. 47, No. 9, Sept. 1970: 720-728.

The article describes a two credit course in communication and patient management offered to fourth year students at the University of California, Berkeley, School of Optometry.

In addition, the author stresses the importance of communication as a basic technique for successful optometric practice. The article explores how communication is used in optometric practice. Four examples are presented, as follows:

1. to isolate and solve the problem of the patient,

2. as a diagnostic tool in determining symptoms,

3. as part of the subjective testing procedures used during the examination,

4. to establish rapport with the patient.

The author suggests that rapport may be established between a doctor and patient if the doctor possesses the following characteristics:

Friendliness - a friendly greeting should be extended by the doctor.

Assurance - the patient should be assured that everything possible has been done to solve his/her visual problem.

Confidence - it is established not only by what the doctor says but also by the ease and proficiency with which the examination is conducted.

Empathy - the personal identification with the patient. The author states that empathy is the highest form of professional behavior and genuine interest in every patient will do much to develop this skill.

The author states that communication must be considered a part of the optometric technique. The author concludes that communication skills can be taught in the school curriculum and practice in the clinical setting.

ROLE PLAYING EXERCISES

The following role playing scenarios were distributed and utilized by the adjuct faculty to demonstrate the strategy for teaching communication skills.

1. STUDENT

You've been slipping in school over the last month or so. You have done poorly on a few tests and a few faculty have recently criticized you for the lack of thoroughness in your work.

Things are going okay for you but you've been worrying alot about your father who was recently hospitalized due to a possible "stroke". Not only is your family upset and in need of your support, but if your father will no longer be able to work, he will no longer be able to help you with the cost of school.

You've asked for an appointment with one of the teachers to talk about what you can do to improve your school work.

2. TEACHER

This student has been slipping in his/her work lately. Normally a good student, he/she seems to have lost interest. His/her test grades have dropped and his/her work has not been thorough. He/she has asked for an appointment to discuss "academic" problems.

3. STUDENT

You are in your third year of a four-year optometric educational program. You've been having some doubts for some time about whether or not you really want to be an optometrist. Recently you almost failed two exams and are beginning to decide to leave the program you are in. You are not sure what to do and feel you need to talk it over with someone.

4. STUDENT

You are a student in an optometric program and have been having trouble getting a couple of your teachers to help you with some material you are confused about. You are frustrated and are losing your patience. You've made an appointment with your advisor to get some help.

5. TEACHER

This student has a reputation for being difficult. He/she has asked for an appointment to discuss some academic problems. (Assume you are this person's academic advisor).

6. TEACHER

This student has requested an appointment to discuss some problems he/she has been having in school.

ISSUE #4

Evaluating Student Performance and Program Effectiveness

Barbara J. Andrew, Ph.D.

The presentation will raise issues related to the questions posed for the workshops on evaluation. Trends in evaluation methods will also be described briefly.

I. Setting Absolute Minimum Competence Levels

- A. Defining "minimum competence"
- B. Developing methods of obtaining consensus regarding absolute standards
- C. Factors influencing standards (e.g., who sets the standards, difficulty, frequency, and impact on health)
- D. The need to identify more than two levels of competence (i.e., pass/fail) -- the philosophic argument plus the empirical need

II. Averaging Student Performance Across Clinical Areas or Setting Standards for Each Area

- A. Description of the multi-dimensional nature of competence
- B. Consideration of the magnitude of correlation among clinical areas
- C. The need to be concerned about "outliers" -- those who have satisfactory performance in one area and marginal or unsatisfactory performance in other areas

III. Direct Observation of Performance and Written Examinations for Determining Clinical Grades

- A. The availability of time for faculty observation and variety of situations that can be observed; pressures on the allocation of faculty resources and their impact on evaluation of student performance
- B. Measurement problems related to retrospective evaluations of student performance (i.e., use of rating scales)
- C. Sampling problems related to the use of structured practical examinations

D. Alternative sources of evaluation data (e.g., record audits, self evaluations and peer evaluations)

E. Is there a role for written examinations in determining clinical grades?

IV. Communication Skills, Attitudes, and Personal Characteristics

A. How important are these components to overall clinical competence?
(Consentual and empirical data)

B. Difficulties associated with direct assessment of attitudes and personal characteristics

C. The respective roles of educational programs and licensing boards in assessing these components of competence

V. Self-Paced Clinical Education

A. Practical requirements to achieve self-paced clinical education

B. Philosophic issues raised by self-paced education

VI. Evaluation in Off-Campus Rotations and Preceptorships

A. Discussion of the role of such experiences in developing professional capabilities

B. Necessary ingredients for successful evaluation

SPECIAL PRESENTATION

Concepts and Methods of Assessing Physician Competence for Licensing Specialty Certification

Jack L. Maatsch, Professor
Office of Medical Education Research and Development
Michigan State University

I. Introduction to Presentation

II. The Logic of Two Contrasting Strategies of Testing

- o Review of Classic Norm-Referenced Testing Concepts and Theory (Grading on Curve)
- o Review of Criterion-Referenced Testing Concepts (Assessment of Minimum Competency)

III. Two Current Concepts of Physician Competence

- o The Knowledge/Performance Model
- o The Process Skill Model

DISCUSSION BREAK

IV. Evaluating Physician Performance on Five Different Test Formats

A 12-minute videotape presentation introducing research to evaluate the performance of Board Eligible Physicians, Residents, and 4th-Year Medical Students on five test formats measuring the same subject matter. The following test formats are explained and illustrated in the videotape:

- o Multiple-Choice Items
- o Pictorial Multiple-Choice Items
- o Patient Management Problems
- o Simulated Patient Encounters (Examiner Administered)
- o Stimulated Situation Encounters (Examiner Administered)

V. A Research Evaluation of the Two Concepts of Physician Competence

VI. The General Competency Model of Clinical Performance: Re-discovering an old reality.

VII. From Concepts to Reality: The most cost/effective method of testing for Clinical Competence in any profession.

- o Sampling
- o Test Format Design
- o Scoring
- o Setting valid minimum Competency Standards

VIII. Concluding Remarks

APPENDIX E

DETAILED EVALUATION DATA

Pre-Conference Questionnaire Results

(N = 45; 88% Response)

Participant Perceptions of Clinical Education

1. In which one of the following broad areas of clinical education does your institution have its greates strength and weakness? (Choose only one for each column.)

Greatest Strength	Greatest Weakness	
5% (a)	16% (a)	Behavioral objectives for clinical instruction
10% (b)	6% (b)	The sequence of clinical instruction
18% (c)	4% (c)	Methods of clinical instruction
56% (d)	18% (d)	Nature and types of clinical experience
11% (e)	28% (e)	Clinical faculty; development, evaluation, etc.
0% (f)	28% (f)	Student evaluation

2. In which one of the following broad areas of clinical education do you feel optometric education in the United States and Canada has its greatest strength and weakness? (Choose only one for each column.)

Greatest Strength	Greatest Strength	
11% (a)	22% (a)	Behavioral objectives for clinical instruction
26% (b)	2% (b)	The sequence of clinical instruction
20% (c)	5% (c)	Methods of clinical instruction
40% (d)	22% (d)	Nature and types of clinical experience
3% (e)	32% (e)	Clinical faculty; development, evaluation, etc.
0% (f)	17% (f)	Student evaluation

3. Which of the following issues in "Topic 1 - Behavioral Objectives for Clinical Instruction" is most and least important at the present time at your institution? (Choose only one for each column.)

Most Important	Least Important	
62% (a)	11% (a)	Technical skills vs. judgmental capabilities
29% (b)	55% (b)	Changing Scope of optometric practice
9% (c)	34% (c)	Non-cognitive aspects of patient care

4. Which of the following issues in "Topic 2 - The Sequence of Clinical Instruction" is most and least important at the present time at your institution? (Choose only one for each column.)

Most Important	Least Important	
14% (a)	55% (a)	When to begin patient care experiences
36% (b)	17% (b)	Integration of clinical science with basic applied sciences
7% (c)	21% (c)	Timing for imposed decision-making responsibilities for patient care
43% (d)	7% (d)	Problem-solving orientation to patient care

5. Which of the following issues in "Topic 3 - Methods of Clinical Instruction" is most and least important at the present time at your institution? (Choose only one for each column.)

Most Important	Least Important	
26% (a)	19% (a)	Preceptorship model in clinical education
7% (b)	16% (b)	Instructional media, simulation, etc. in clinical education
51% (c)	5% (c)	Student/patient interaction skills
16% (d)	12% (d)	Student/instructor ratios
0% (e)	48% (e)	Self-paced clinical instruction

6. Which of the following issues in "Topic 4 - Nature and Types of Clinical Experience" is most and least important at the present time at your institution? (Choose only one for each column.)

Most Important	Least Important	
47% (a)	12% (a)	Specification of quantity and quality of patient care experience
23% (b)	10% (b)	Clinical competency in optometric sub-specialties e.g. strabismus, therapy, low vision, etc.
2% (c)	71% (c)	Practice models used in clinical education
28% (d)	7% (d)	Role of off-campus satellite outreach clinics

7. Which of the following issues in "Topic 5 - Clinical Faculty" is most and least important at the present time at your institution? (Choose only one for each column?)

Most Important	Least Important	
20% (a)	8% (a)	Critiera for selection and retention of clinical faculty
5% (b)	36% (b)	Research responsibility of clinical faculty
17% (c)	23% (c)	Role of all faculty members in clinical teaching
51% (d)	0% (d)	Continuing competency and development of clinical faculty
7% (e)	33% (e)	Described mix of part-time and full-time clinical faculty

8. Which of the following issues in "Topic 6 - Evaluation" is most and least important at the present time at your institution? (Choose only one for each column.)

Most Important	Least Important	
10% (a)	38% (a)	Institutional grading policies for clinical education, e.g. pass-fail, A-F, etc.
75% (b)	2% (b)	Methods for determining student performance, e.g. direct observation, practical examinations, etc.
5% (c)	22% (c)	Assessment of communication skills
10% (d)	38% (d)	Assessment of non-cognitive, e.g. responsibility integrity, etc., behaviors

Post-Conferences Questionnaire Results

(N = 36; 68% Response)

Participant Perceptions of Clinical Education

1. In which one of the following broad areas of clinical education does your institution have its greatest strength and weakness? (Choose only one for each column.) To be completed by all participants.

Greatest Strength	Greatest Weakness	
6% (a)	25% (a)	Behavioral objectives for clinical instruction
14% (b)	5% (b)	The sequence of clinical instruction
11% (c)	3% (c)	Methods of clinical instruction
63% (d)	6% (d)	Nature and types of clinical experience
6% (e)	33% (e)	Clinical faculty; development, evaluation, etc.
0% (f)	28% (f)	Student evaluation

2. In Which one of the following broad areas of clinical education do you feel optometric education in the United States and Canada has its greatest strength and weakness? (Choose only one for each column.)

Greatest Strength	Greatest Weakness	
8% (a)	24% (a)	Behavioral objectives for clinical instruction
26% (b)	0% (b)	The sequence of clinical instruction
29% (c)	5% (c)	Methods of clinical instruction
34% (d)	11% (d)	Nature and types of clinical experience
3% (e)	42% (e)	Clinical faculty; development, evaluation, etc.
0% (f)	18% (f)	Student evaluation

3. Which of the following issues concerning - behavioral objectives for Clinical Instruction is most and least important at the present time at your institution? (Choose only one for each column.)

Greatest Strength	Greatest Weakness	
58% (a)	15% (a)	Technical skills vs. judgmental capabilities
36% (b)	32% (b)	Changing Scope of optometric practice
6% (c)	53% (c)	Non-cognitive aspects of patient care

4. Which of the following issues concerning the sequence of clinical instruction is most and least important at the present time at your institution? (Choose only one for each column.)

Most Important	Least Important	
8% (a)	53% (a)	When to begin patient care experiences
33% (b)	17% (b)	Integration of clinical science with basic and applied health sciences
11% (c)	22% (c)	Timing for imposed decision-making responsibilities for patient care
48% (d)	8% (d)	Problem-solving orientation to patient care

5. Which of the following issues concerning methods of clinical instruction is most and least important at the present time at your institution? (Choose only one for each column.)

Most Important	Least Important	
19% (a)	28% (a)	Preceptorship model in clinical education
3% (b)	8% (b)	Instructional media, simulation, etc. in clinical education
58% (c)	0% (c)	Student/patient interaction skills
20% (d)	14% (d)	Student/instructor ratios
0% (e)	50% (e)	Self-paced clinical instruction

6. Which of the following issues concerning the nature and types of clinical experience is most and least important at the present time at your institution? (Choose only one for each column.)

Most Important	Least Important	
44% (a)	11% (a)	Specification of quality and quality of patient care experiences
28% (b)	19% (b)	Clinical competency in optometric sub-specialties e.g. strabismus, therapy, low vision, etc.
6% (c)	56% (c)	Practice models used in clinical education
22% (d)	14% (d)	Role of off-campus satellite outreach clinics

7. Which of the following issues concerning clinical faculty is most and least important at the present time at your institution? (Choose only one for each column.)

Most Important	Most Important	
37% (a)	6% (a)	Criteria for selection and retention of clinical faculty
9% (b)	34% (b)	Research responsibility of clinical faculty
14% (c)	20% (c)	Role of all faculty members in clinical teaching
31% (d)	9% (d)	Continuing competency and development of clinical faculty
9% (e)	31% (e)	Desired mix of part-time and full-time clinical faculty

8. Which of the following issues concerning evaluation is most and least important at the present time at your institution? (Choose only one for each column.)

Most Important	Most Important	
5% (a)	61% (a)	Institutional grading policies for clinical education, e.g. pass-fail, A-F, etc.
64% (b)	3% (b)	Methods for determining student performance, e.g. direct observation, practical examinations, etc.
14% (c)	19% (a)	Assessment of communication skills
17% (d)	17% (d)	Assessment of non-cognitive, e.g. responsibility, integrity, etc., behaviors

WORKSHOP ON CLINICAL INSTRUCTION
FOR OPTOMETRIC EDUCATION

CONFERENCE SUMMARY EVALUATION FORM

CATEGORY DATA

INSTITUTION _____

POSITION _____

CONFERENCE RATING Please rate each characteristic of the conference along the 5-point scale illustrated. Darken the "bubble" which most closely approximates your opinion of the characteristic being rated.

	POOR 1	FAIR 2	AVERAGE 3	GOOD 4	OUTSTANDING 5
THE TOTAL CONFERENCE	0	0	0	●	0
THE FACULTY	0	0	0	●	0
ISSUE #1	0	0	0	●	0
ISSUE #2	0	0	0	●	0
ISSUE #3	0	0	0	●	0
ISSUE #4	0	0	0	●	0
PRESENTATION/TEXT HANDOUTS	0	0	0	●	0
AUDIOVISUALS	0	0	●	0	0
MEETING ROOM PREP	0	0	0	●	0
THE TOTAL FACULTY	0	0	0	●	0
GENERAL ORGANIZATION AND LOGISTICS	0	0	0	●	0

COMMENTS (Was there anything you particularly liked or disliked?)

WORKSHOP ON CLINICAL INSTRUCTION
FOR OPTOMETRIC EDUCATION

WORKSHOP EVALUATION #1

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1. WORKSHOP IDENTIFICATION

1.1 DAY/DATE: _____ 1.2 TIME _____

1.3 PRESENTER(S) _____

1.4 TITLE/TOPIC _____

---

2. TOPIC EVALUATION (note: please darken the appropriate "bubble" to indicate your rating)

ITEM	RATING				
	POOR	FAIR	AVERAGE	GOOD	OUTSTANDING
	1	2	3	4	5
2.1 INTEREST TO YOU	0	0	0	●	0
2.2 RELEVANCE TO YOUR SCHOOL	0	0	0	●	0
2.3 POTENTIAL FOR USE IN YOUR SCHOOL	0	0	0	●	0
2.4 AMOUNT YOU LEARNED	0	0	●	0	0

3. PRESENTER EVALUATION

ITEM	RATING				
	POOR	FAIR	AVERAGE	GOOD	OUTSTANDING
3 .1 PRESENTER'S STYLE ARTICULATION	0	0	0	●	0
3.2 GRASP OF SUBJECT	0	0	0	●	0
3.3 USE OF MATERIALS (e.g., A/V, Curriculum Materials, etc.)	0	0	0	●	0
3.4 PRESENTER'S IMPACT ON YOU	0	0	0	●	0

COMMENTS AND SUGGESTIONS

WORKSHOP ON CLINICAL INSTRUCTION
FOR OPTOMETRIC EDUCATION

WORKSHOP EVALUATION #2

1. WORKSHOP IDENTIFICATION

1.1 DAY/DATE:_____ 1.2 TIME_____

1.3 PRESENTER(S)_____

1.4 TITLE/TOPIC_____

2. TOPIC EVALUATION (note: please darken the appropriate "bubble" to indicate your rating)

ITEM	RATING				
	POOR	FAIR	AVERAGE	GOOD	OUTSTANDING
	1	2	3	4	5
2.1 INTEREST TO YOU	0	0	0	●	0
2.2 RELEVANCE TO YOUR SCHOOL	0	0	0	●	0
2.3 POTENTIAL FOR USE IN YOUR SCHOOL	0	0	0	●	0
2.4 AMOUNT YOU LEARNED	0	0	0	●	0

3. PRESENTER EVALUATION

ITEM	RATING				
	POOR	FAIR	AVERAGE	GOOD	OUTSTANDING
3.1 PRESENTER'S STYLE ARTICULATION	0	0	0	●	0
3.2 GRASP OF SUBJECT	0	0	0	●	0
3.3 USE OF MATERIALS (e.g., A/V, Curriculum Materials, etc.)	●	0	0	0	0
3.4 PRESENTER'S IMPACT ON YOU	0	0	0	●	0

COMMENTS AND SUGGESTIONS

WORKSHOP ON CLINICAL INSTRUCTION
FOR OPTOMETRIC EDUCATION

WORKSHOP EVALUATION #3

1. WORKSHOP IDENTIFICATION

1.1 DAY/DATE: _____ 1.2 TIME _____

1.3 PRESENTER(S) _____

1.4 TITLE/TOPIC _____

2. TOPIC EVALUATION (note: please darken the appropriate "bubble" to indicate your rating)

ITEM	RATING				
	POOR	FAIR	AVERAGE	GOOD	OUTSTANDING
	1	2	3	4	5
2.1 INTEREST TO YOU	0	0	0	●	0
2.2 RELEVANCE TO YOUR SCHOOL	0	0	0	●	0
2.3 POTENTIAL FOR USE IN YOUR SCHOOL	0	0	0	●	0
2.4 AMOUNT YOU LEARNED	0	0	0	●	0

3. PRESENTER EVALUATION

ITEM	RATING				
	POOR	FAIR	AVERAGE	GOOD	OUTSTANDING
3.1 PRESENTER'S STYLE ARTICULATION	0	0	0	●	0
3.2 GRASP OF SUBJECT	0	0	0	●	0
3.3 USE OF MATERIALS (e.g., A/V, Curriculum Materials, etc.)	0	0	●	0	0
3.4 PRESENTER'S IMPACT ON YOU	0	0	0	●	0

COMMENTS AND SUGGESTIONS

WORKSHOP ON CLINICAL INSTRUCTION
FOR OPTOMETRIC EDUCATION

WORKSHOP EVALUATION #4

1. WORKSHOP IDENTIFICATION

1.1 DAY/DATE: _____ 1.2 TIME _____

1.3 PRESENTER(S) _____

1.4 TITLE/TOPIC _____

2. TOPIC EVALUATION (note: please darken the appropriate "bubble" to indicate your rating)

ITEM	RATING				
	POOR	FAIR	AVERAGE	GOOD	OUTSTANDING
	1	2	3	4	5
2.1 INTEREST TO YOU	0	0	0	●	0
2.2 RELEVANCE TO YOUR SCHOOL	0	0	0	●	0
2.3 POTENTIAL FOR USE IN YOUR SCHOOL	0	0	0	●	0
2.4 AMOUNT YOU LEARNED	0	0	0	●	0

3. PRESENTER EVALUATION

ITEM	RATING				
	POOR	FAIR	AVERAGE	GOOD	OUTSTANDING
3.1 PRESENTER'S STYLE ARTICULATION	0	0	0	0	●
3.2 GRASP OF SUBJECT	0	0	0	0	●
3.3 USE OF MATERIALS (e.g., A/V, Curriculum Materials, etc.)	0	0	0	●	0
3.4 PRESENTER'S IMPACT ON YOU	0	0	0	●	0

COMMENTS AND SUGGESTIONS

APPENDIX F

CURRICULUM VITAE

CURRICULUM VITAE

NAME:	Paul J. Munson
Born:	December 10, 1941, North Collins, New York
CITIZENSHIP:	United States
SOCIAL SECURITY NUMBER:	086-32-3105
MARITAL STATUS:	Married, 2 children
HOME ADDRESS:	600 Glendale Drive Richmond, VA 23229
TELEPHONE:	804-285-0811
OFFICE ADDRESS:	Sanger Hall Room 1-036 Virginia Commonwealth University MCV Station, Box 124 Richmond, VA 23298
TELEPHONE:	804-786-9779

EDUCATION:

Ed.D., University of Virginia, Charlottesville, VA, 1970, Counselor Education
M.Ed., Salem State College, Salem, MA, 1968, Education
B.A., Gordon College, Wenham, MA, 1965, Psychology

ACADEMIC APPOINTMENTS:

Associate Professor, Educational Planning and Development Program, Health Sciences Division (Medical College of Virginia) Virginia Commonwealth University, 1978 - present.

Assistant Professor, Educational Planning and Development Program, Health Sciences Division (Medical College of Virginia) Virginia Commonwealth University, 1973 - 1978.

Director of Research and Development Career Motivation Program (CMP), Title III project sponsored by N.Y.S. Department of Education, Bureau of Guidance, 1973 - 1975.

Counselor at East Aurora High School, East Aurora, New York, 1970-1972.

Guidance Counselor and History teacher at Newburyport High School, Newburyport, Mass., 1966 - 1968.

MEMBERSHIP - SCIENTIFIC, HONORARY AND PROFESSIONAL SOCIETIES:

American Association for Higher Education
American Educational and Research Association
American Personnel and Guidance Association
Vocational Guidance Association
Phi Delta Kappa
Professional and Organizational Development Network in Higher Education

MAJOR COMMITTEES:

Chairman, Wester New York State Personnel and Guidance Professional Advancement Team (PAT), 1970-1972.

OTHER SIGNIFICANT SCHOLARLY, RESEARCH OR ADMINISTRATIVE EXPERIENCE:

Consultant to:

Division of Medical Oncology, Medical College of Virginia - relating to the development of an oncology education program, summers of 1971 and 1972.
Florida State University - Competency Based Instruction.
College Center for the Finger Lakes - Workshop on Faculty Development.
St. Scholastica College - Student Advising.
Council for the Advancement of Small Colleges - Student Career Development.
Randolph-Macon College - Student Advising.
University of Virginia - Department of Counselor Education.
Ohio State Univesity, School of Allied Medical Professions-Workshop on Written Simulations.
United Virginia Bank concerning employee career development.

Conference Participation:

Eighth Annual Guidance Conference, University of Virginia, Panelist, 1968.
Fourth Annual Guidance Workshop, Chesapeake, Virginia, Consultant, 1970.
Teacher-Aid Training Program, Front Royal, Virginia, Consultant, 1970.
Adminstrators Conference, Buffalo, New York, Panelist, 1971.
Western New York State School Counselors Association - Swapshop, Buffalo, New York, Panelist, 1971.
NYSACAC Summer Institute Program, State University of New York at Buffalo, Consultant, 1971.
New York State Personnel and Guidance Association, Career Motivation Process Program, Presenter, October, 1973.
American Educational and Research Association, Paper: So you Want to Try Faculty Development?, April, 1975.

Conference Participation: (continued)

Virginia Chapter American Society for Health Manpower Education and Training. Innovative Approaches to Teaching Effectiveness, Presenter 1975.

University of Virginia 19th Annual Virginia Guidance Conference, Career Motivation Program, Lecture, November, 1975.

National Conference on Professional and Organizational Development in American Higher Education. Integrating Personal and Professional Growth, Presenter, January, 1976.

Richmond Public School AMS Meeting, Panelist; "Career Guidance: A Cooperative Approach", January, 1976.

Virginia Personnel and Guidance Association. The Career Motivation Program, March, 1976.

Virginia Association of Student Personnel Administrators. Integrating Professional and Personal Growth, Lecture, December, 1976.

Annual Meeting of the Professional and Organizational Development Network, Chicago, Illinois, Presenter, October, 1977.

American Dental Association and American Association of Dental Schools National Curriculum Conference. Invited participant, March, 1977.

American Medical Student Association's National Conference. Seminar on "Choosing Your Medical Specialty: A Process", March, 1978.

Chairmens Institution on Faculty Development, Virginia Commonwealth University, Center for Improving Teaching Effectiveness.

Annual High School Counselor's Conference of Northern Virginia Community College, Keynote Speaker.

BIBLIOGRAPHY

PUBLICATIONS:

Munson, A.E., and Munson, P.J.: Oncology Education: A Behavioral Approach. American Journal for Medical Education, 1972.

Garrison, C., Wergin, J.F., and Munson, P.J.: The Career Motivation Process Program. Catalyst for Change, Vol. 4, No. 3, pp. 26-28, Spring, 1975.

Wergin, J.F., Mason, E.J., and Munson, P.J.: The Practice of Faculty Development: An Experience-derived Model. Journal of Higher Education, 47(3): 289-308, May/June, 1976.

Wergin, J.J., Munson, P.J., Garrison, C.B., and Braskamp, L.A.: Evaluating Career Education Programs Politically: A Case Study. Vocational Guidance Quarterly, Vol. 25, No.1, pp. 26-34, September, 1976.

Munson, P.J., Garriosn, C.B., and Saunders, J.: Career Motivation Program. Richmond, Virginia, Career Growth Associates, Inc., 1976.

Garrison, C.B., McCurdy, W.J., Munson, P.J., Pavik, P., Saunders, J.D., Sims, K. and Tellis, D.: Finding A Job You Feel Good About. Niles: Illinois: Argus Communications, 1977.

PAPERS PRESENTED:

Munson, A.E., and Munson, P.J.: A modular oncology curriculum. Paper presented at the American Association for Cancer Education, Rochester, New York, 1972.

Hampton, C., Munson, A.E., Regelson, W., Mellette, S., and Munson, P.J.: The role of trained actors as simulated cancer patients and videotape in providing oncology students with interaction skills. Paper presented at the American Association for Cancer Education, Rochester, New York, 1972.

Munson, P.J.: The career motivation process program. Program presented at the Twelfth Annual Conference of the Western New York School Counselors Association, Buffalo, New York, 1972.

Munson, P.J., Mason, E.J., and Wergin, J.F.: So you want to try faculty development? Paper presented at Annual Meeting of American Educational Research Association, Washington, D.C., 1975.

Garrison, C.B., Munson, P.J., Saunders, J., Sims, K., and McCurdy, W.: The career motivation program. Paper presented at the American Personnel and Guidance Association, New York City, 1975.

Munson, P.J. and Wergin, J.F.: Putting Workshops in Perspective: One Program Experience. Paper presented at the Professional and Organizational Development Network Annual Meeting. October, 1977.

SELF-INSTRUCTIONAL PACKAGES:

Munson, P.J., and Johnson, R.B.: Communication: Some interaction skills for the physician. Chapel Hill: Self-Instructional Materials Project, Southern Medical School Consortium, 1972.

HANDBOOKS:

Fuhrmann, S.D., Munson, P.J., and Parker, O.B.: Microtraining in Human Interaction Skills, Virginia Commonwealth University, May, 1974.

Williams, W.L., Munson, P.J., Wergin, J.F., Hopp, D.I., Mason, E.J., and Payton, O.D.: Handbook on Constructing Written Simulations, Educational Planning and Development Program, Medical College of Virginia, Virginia Commonwealth University, September, 1975.

Handbook of Objectives in Oncology Education. Served on the Interinstitutional Group for Oncology Education which produced the handbook.

PROGRAMS DEVELOPED:

Integrating Personal and Professional Growth, in conjunction with Dr. Elizabeth Wells.

Medical Specialty Program (MSP) in conjunction with Dr. Martin Harris, Dr. Donald Cordes and Ms. Jean Saunders.

CURRICULUM VITAE

NAME: Hiram List Wiest

BORN: October 15, 1921, East Petersburg, Lancaster County, Pennsylvania

HOME ADDRESS: 505 Elm Avenue
Hershey, Pennsylvania 17033

MARITAL STATUS: 1944; 5 children born in 1948, 1950, 1951, 1954 and 1956

MILITARY SERVICE: Enlisted man - Army Specialized Training Program, 1943-1945
Commissioned Captain, Army Medical Corps-active duty 1946-1948

EDUCATION:

Franklin & Marshall College, Lancaster, PA, B.S., Cum Laude, 1942
University of Pennsylvania, School of Medicine, M.D., Medicine, 1945
Lancaster General Hospital, Lancaster, PA, Rotating Internship, 1945-1946
University of Pennsylvania, Postdoctoral Fellowship, 1966, (3 months)
Hunterdon Medical Center, Postdoctoral Fellowship, 1967 (3 months)
University of Illinois, Center for Study of Medical Education, Medical Teacher Training Program, 1968 (6 weeks)
Independent study visit to nine European University Family Medicine Programs and nine individual family physician offices, 1970 (8 weeks)

HONORS AND FRATERNAL ORGANIZATIONS:

Phi Beta Kappa
Phi Rho Sigma

EXPERIENCE:

1946-48	Admissions Officer and Acute Psychiatric Ward Officer, Veterans Administration Hospital, Augusta, Georgia
1948	General Surgical Ward Officer, Veterans Administration Hospital, Lebanon, Pennsylvania
1948-66	Solo Family Practice East Petersburg, Pennsylvania
1948-50	Lancaster General Hospital Hospital Appointment - Clinic Staff
1950-64	Lancaster General Hospital Hospital Appointment-Assistant Physician, Medical Department
1966-68	Partnership Family Practice Hershey, Pennsylvania

EXPERIENCE: (continued)

1966-70	Hershey Hospital Hospital Appointment-Department of General Practice
1966-68	Assistant Clinical Professor of Family and Community Medicine, The Pennsylvania State University, College of Medicine (part-time)
1968-75	Assistant Professor of Family and Community Medicine, The Pennsylvania State University, College of Medicine (full-time)
1970-present	The Milton S. Hershey Medical Center Active Staff Member
1972-present	Director of Predoctoral Education, Department of Family and Community Medicine, The Milton S. Hershey Medical Center of the The Pennsylvania State University
1970-present	The Milton S. Hershey Medical Center Active Staff Member
1972-present	Director of Predoctoral Education, Department of Family and Community Medicine, The Milton S. Hershey Medical Center of The Pennsylvania State University
1975-present	Associate Professor of Department of Family and Community Medicine, The Pennsylvania State University, College of Medicine, Hershey, Pennsylvania

1977-July 1 to June 1978 - Granted one year sabbatical leave by The Pennsylvania State University, which was spent as a visiting associate professor in the Department of General Practice, University of Manchester, Faculty of Medicine, Manchester, England. (An application for a Fogarty Senior International Fellowship covering this period was approved by the DHEW but not funded.)

PUBLICATIONS, PAPERS AND REPORTS:

Wiest, H.L., "Gelatin as a Plasma Substitute", Lancaster City and County Bulletin, October, 1946.

Leaman, [illegible].L., Wiest, H.L., and Bauer, R.L., "An Experiment in Teaching Family Medicine: Preliminary Report", Pennsylvania Medicine, Vol. 71, pp. 82-85, May, 1968.

Wiest, H.L., "Three Educational Uses of Health Hazard Appraisal in a Developing Medical School's Developing Department of Family and Community Medicine". Paper presented September 17-20, 1972 at Banff Workshop of the Society of Teachers of Family Medicine. Published in proceedings of the workshop.

PUBLICATIONS, PAPERS AND REPORTS: (continued)

Leaman, T.L., Wiest, H.L., Bauer, R.L. and Willard, W.W., "An Experiment in Teaching Family Medicine: Progress Report", American Family Physician, Vol. I, pp. 129-137.

Wiest, H.L., and Henderson, R.A., "Family Medicine Preceptorships: A Keystone for Family Medicine". A paper presented at the Society of Teachers of Family Medicine, February, 1974.

Leaman, T.L., Bauer, R.L., Wiest, H.L., "Teaching Family Medicine: Progress Report", Pennsylvania Medicine, Vol. 77, pp. 38-40, October, 1974.

Wiest, H.L. and Kennedy, D.A., "A Core Course in Family Medicine for First-Year Medical Students", The Journal of Family Practice, Vol. 2, No. 6, pp. 433-437, 1975.

Wiest, H.L. and Crutcher, J.E., "A Core Course in Family Medicine for Second-Year Medical Students", The Journal of Family Practice, Vol. 3, No. 2, pp. 181-185, 1976.

BOOK REVIEW:

"The Future General Practitioner-Learning and Teaching", Royal College of General Practitioners, 1973. Reviewed in Selected References in Family Medicine, Society of Teachers of Family Medicine (Robert E. Rakel, ed.).

CURRICULUM VITAE

NAME: Jane F. Towers

BORN: October 1, 1941, Pittsburgh, Pennsylvania

Education:

High School, North Hills High School, Pittsburgh, PA, 1959
Undergraduate, BSN, Duke University, Durham, North Carolina, 1963
Graduate, M.S., University of North Carolina, Chapel Hill, North Carolina, Major-Public Health Nursing Education, Minor-Social Sciences, Thesis-A Study of the Retention of Information Presented to Prenatal Patients
Primary Care Certificate in Family Health Care - 1976, The Pennsylvania State University, University Park, PA

EMPLOYMENT EXPERIENCE:

1978-Present:

Assistant Professor of Family and Community Medicine, College of Medicine, the Pennsylvania State University.

Major Responsibilities - Coordinator of Behavioral Science resident teaching, conducting and participating in classroom and clinical instruction for faculty, residents, medical students and physician assistant students, in areas pertinent to human behavior; interpersonal communications and family health in the primary care setting; functioning role model for family health specialist in the clinical setting. Course Responsibilities: Human Behavior, Sexual and Marital Health, Problem-oriented Care, Interviewing and Counseling processes, Communication skills, Doctor-Patient Relationships, Family Care Seminars, Advisor for problem solving projects, committee memberships.

1976-1978

Assistant Professor of Nursing and Family and Community Medicine - Joint appointment between Department of Nursing, College of Human Development and Department of Family and Community Medicine, College of Medicine, The Pennsylvania State University.

Major Responsibilities - Conducting and participating in classroom and clinical instruction for nursing, medical, physician assistant students and Family Medicine residents in areas pertinent to family health in the primary care setting; functioning role model for Family Health Specialist in the clinical setting; preceptor for Family Health Specialist students and school nurse practitioner students functioning in clinical setting family and community medicine; course responsibilities - Physical Assessment, Problem Oriented care, Sexual and Marital Health, Interviewing and Counseling processes for medical students, physician's assistant students and Family Medicine residents, advisor for thesis, clinical papers and problem-solving projects; committee membership in both Departments related to practice as well as academic undertaking.

EMPLOYMENT EXPERIENCE: (continued)

1974-1976

Assistant Professor of Nursing, Family Health Specialist Program Department of Nursing, College of Human Development, Pennsylvania State University.

Major Responsibilities - Conducting and participating in classroom and clinical instruction in Family Health Specialist Program (graduate program in nursing) including curriculum development; development of role model in clinical setting; establishing milieu for expanded roles in nursing and exploring team concepts and approaches in providing health care to families. Co-instructor: Sexual and Marital Health; co-instructor: Significant Medical Problems in Family Medicine practice skills offered to medical students by Department of Family and Community Medicine; clinical paper and thesis advisor - graduate program in nursing; Nursing Trends - undergraduate program in nursing, coordination of well-child experience.

1973-1974

Instructor of Nursing, Family Health Specialist Program

1970-1972

Instructor of Community Health Nursing, St. Joseph College, Emmitsburg, MD.

Major Responsibilities - Conducted community health nursing course for senior nursing students; total responsibility for both theoretical and clinical aspects of program; participated actively in curriculum development; member task force on development of terminal behaviors; chairman, task force on evaluation; chairman, task force on student health; faculty resource person on community agencies.

Elected Position: Secretary - Faculty Senate, St. Joseph College, 1971-1972
Vice President - Faculty Senate, St. Joseph College, Fall, 1972.

1968-1970

Assistant Regional Public Health Nursing Consultant, Region III, Department of Health, Commonwealth of Pennsylvania.

Major Responsibilities - Staff and supervisory development programs for eight-county region. Major emphasis: upgrading quality of public health nursing service through development of care planning methods and focus on the public health nursing process. Long-range objectives: achievement and maintenance of high level nursing care with proper staff utilization through implementation of the team nursing concept throughout the region. Participated in and carried out public health nursing program evaluation. Assisted in supervisory and administrative duties of regional public health nursing administrator/consultant. Served on a variety of regional and state nursing-related committees.

EMPLOYMENT EXPERIENCE: (continued)

1967-1968

Instructor of Public Health Nursing, Duke University School of Nursing, Durham, North Carolina

Major Responsibilities - Supervised and guided clinical experience for senior students. Responsible for formal classroom presentation on public health nursing process and maternal child health aspects of community health nursing. Conducted seminars and small group discussions related to community health nursing. Resource person MCH and Nursing Fundamentals Division. Coordinated home visits made by junior MCH students.

1963-1965

Staff Public Health Nurse - Durham County Health Department, Durham, North Carolina

Major Responsibilities - Generalized public health nursing activities including bedside care, school and mental health nursing services in rural and urban residential districts. Group teaching in well-child conferences, schools, civil defense courses.

ADVISING SCHOLARLY WORKS:

Clinical Papers -

"Patient Acceptance of the Nurse Practitioner"
"A Study of Attitudes Relative to Sexual Activities Following Myocardial Infarct"
"A Study of Health Status and Health Needs in Upper Path Valley"
"Performing the Role of FHS in a Geriatric Institution: A Descriptive Athletic Program"

Thesis Committee Member -

"A Methodological Study of the Ability of a Creative Cartoon Toll to Teach the Public About Vitamins A & D"
"Male-Female Sexual Identity Traits of the Nurse Practitioner"
"Marital Adjustment and Acceptance of a First Pregnancy"

Advisor - Problem-Solving Projects - College of Medicine:

"Assessment of Sexual Knowledge and Attitudes of Medical and Nursing Students"
"Study of Sexual Counseling and Attitudes Among Family Physicians"
"Psychosocial Factors Relating to Adolescent Pregnancy in Central Pennsylvania"
"Study of Breast Cancer Education Program"

ADVISING SCHOLARLY WORKS: (continued)

Co-Advisor - Family & Community Medicine Summer Project:
"A Study of Forty-four Carlisle Physicians to Evaluate the Relationship of Personal Dietary Habits, Nutritional Knowledge, Opinion, and the Physicians' Treatment of the Patient"

OTHER PROFESSIONAL ACTIVITIES:

1969-1970

Participated in Public Health Nursing Program Evaluation Project in Pennsylvania sponsored by U.S. Public Health Service in conjunction with University of North Carolina School of Public Health.

1976-present

Instructor for PNA Accredited Inservice Programs in Physical Assessment.

PUBLICATIONS, HONORS:

Member - Sigma Theta Tau Fraternity
Member - Delta Omega Fraternity

Consultation - Served as consultant for chapetr 13: HEALTH IN THE FAMILY: MEDICAL SOCIOLOGICAL-ANALYSIS. Charles Crawford, author. MacMillan Co., New York, NY, 1971.

1976:

Workshop leader and Consultant - Family Counseling for Community Health Nurses, Region III, Dept. of Health, Harrisburg Area Community College

1976:

Workshop leader and Consultant - Sexuality in the Aging, Rensselaerville, N.Y.

Publication - "You Can Teach All Dogs New Tricks"
American Nurses Association CLINICAL SESSIONS. Appleton-Century Croft, 1970. Presented at 1970 ANA Convention, Miami, FL.

Publication - "Curriculum Demands for Professional Rewards", Chapter 8 in CURRENT PERSPECTIVES IN NURSING EDUCATION, Vol. II. C.V. Mosby Co., 1978.

Paper - "The Family Physician and Sexual Counseling - Techniques and Examples", AMA Meeting of Academy of Family Physicians, AMA Convention, Atlantic City, NJ, 1975.

Paper - "Psychosomatics, Sex and the Family", Annual meeting of the Academy of Psychosomatic Medicine, November, 1976; Charleston, SC.

Paper - "Are You Tuned Into Your Patient's Sexual Problems?" Family Practice Review, Hershey Medical Center, October, 1977.

Paper - "The Family Life Cycle and the Family Physician", Family Practice Review, Hershey Medical Center, May 1978.

PUBLICATIONS, HONORS: (continued)

Paper - "Human Sexuality and the Cancer Patient", Workshop presented by American Cancer Society, May 1978.

Paper - "Harmonizing and Humanizing in Ambulatory Care", Workshop at University of Delaware, November 1978.

PROFESSIONAL MEMBERSHIP:

American Association of Sex Education, Counselors and Therapists
American Nurses Association
American Public Health Association
Council of Family Nurse Practitioners and Clinicians, American Nurses' Association
National League for Nursing - Council for Baccalaureate and Higher Degree Education
Pennsylvania Nurses Association - Conference Group - Primary Care Nurse Practitioners, Secretary, 1976-1977.
Primary Care Nurse Practitioners of Central Pennsylvania, Chairman, 1976-Present.

CIVIC RESPONSIBILITIES:

Board of Directors - Family Planning Agency of Adams County, 1971-1973; Vice President - 1972.
Board of Directors - Adams County Visiting Nurses Association, 1970-1972.
Council of Ministries and Administrative Board, Centenary United Methodist Church, 1970-1976.
Youth Counselor, Centenary United Methodist Church, 1975-1976, 1978-Present.
Board of Trustees, Methodist Home for Children, Mechanicsburg, PA, 1977-Present

R.N. Licensure and Certification

Pennsylvania
Maryland
North Carolina

Certification - American Nurses Association, Family Nurse Practitioner, 1977-82.

CURRICULUM VITAE

NAME: Laurence C. Bauer

BORN: September 21, 1947

FAMILY STATUS: Married, 3 children

HOME ADDRESS: 498 Lime Street
Elizabethtown, PA 17022
TELEPHONE: (717) 367-7075 (home)
(717) 534-8736 (work)

EMPLOYMENT AND EDUCATIONAL SUMMARY:

More than eight (8) years of experience in Educational, Mental Health and Correctional settings. Four (4) of these years have been in Faculty/Staff Development and Management positions. I hold a Masters of Social Work degree from St. Louis University.

EMPLOYMENT SUMMARY:

Faculty Development Coordinator - Instructor: The Department of Family and Community Medicine, The M.S. Hershey Medical Center, The Pennsylvania State University, 500 University Drive, Hershey, PA 17033. (November to Present).

Instructor: Northern Virginia Community College, Alexandria, Virginia, (Alexandria Campus), (September 1977 to June 1978), Mental Health Sequence.

Instructor: J. Sargent Reynolds Community College, Richmond, Virginia, (Goochland Campus), (Spring 1978), Psychology Sequence.

Staff Development Coordinator: Virginia Department of Corrections, 4615 West Broad Street, Richmond, Virginia, (October 1976 to October 1978).

Program Manager: North Dakota Industrial School, Mandan, North Dakota, (November 1975 to October 1976).

Counselor: Catholic Charities of Buffalo, Washington Street, Buffalo, New York, (September 1971 to September 1973 and December 1974 to November 1975).

Caseworker: Erie County Department of Social Services, Pearl Street, Buffalo, New York, (August 1970 to September 1971).

EDUCATIONAL SUMMARY:

M.S.W.: St. Louis University, School of Social Services, St. Louis, Missouri. (Graduated, December 1974).

Graduate Studies: New School for Social Research, New York, New York. Sociology and Philosophy, (Spring term 1970).

EMPLOYMENT SUMMARY: (continued)

B.S.: Sociology, Canisius College, Buffalo, New York. (Graduated, June 1969).

SKILLS INVENTORY/PERFORMANCE INDICATORS:

Teaching/Training:

My experience in this area covers more than four (4) years at a variety of educational levels, from training trainers and junior college students, to delivering inservice education programs for professionals and paraprofessionals in the fields of Community Mental Health and Corrections. I have also taught client groups, such as, marital couples, parents, families, high school students and institutional youths.

As Staff Development Coordinator I have specialized in the delivery of skills based educational programs to Departmental trainers. I have provided training in interpersonal/communication skills, lesson planning, curriculum devleopment and classroom management skills. Students of the Academy for Staff Development trainers who I trained demonstrated a 67% gain in their understanding of job related knowledge and skills as a result of training they received.

I have delivered a wide range of inservice educational programs to Departmenta administrators, managers and delivery staff including interpersonal/communication skills, problem solving, program planning and standards of performance skills training programs.

Working cooperatively with our General Nursing Instructor I developed and co-trained a pilot workshop teaching interpersonal skills to nurses from Correctional Institutions. The workshop was favorably rated and will be offered to all newly hired nursing staff.

Provided training to juvenile institutional staff in an interpersonal security and helping skills program. The research that followed up the training indicated that, in a two (2) week pre-post training period, with the same juveniles, the number of serious incidents reported was reduced from fifteen (15) to one (1).

As an Instructor at Northern Virginia Community College, I designed the curricula and taught second year students interpersonal and counseling skills, theories of personality and psychotherapy, individual and family treatment planning, research design and grants writing for the human services field.

As an Instructor at J. Sargent Reynolds Community College, I developed a specialized interpersonal skills training program for incarcerated female offenders. The women I taught were able to conduct one to one interviews and using case study approach apply data they gathered to examine theories of adolescent growth and development.

As a Counselor for Catholic Charities of Buffalo, New York, I developed and delivered interpersonal/communication skills training to familes, parents, youth groups and married couples. The groups I trained showed gains of from 100% to 200% in their ability to discriminate and use the interpersonal skills taught.

CURRICULUM DEVELOPMENT:

With more than four (4) years of experience, I have developed the skills to conduct educational needs assessments, identify instructional objectives, develop curricula and evaluate student learning.

Academy for Staff Development trainers who I trained in curriculum development and lesson planning skills were able to develop a 120 hour instructor independent curricula for a Correctional Manager training program. Students completing the course demonstrated significant learning gains. Based on this data, Departmental administrators have chosen to use this program as the selection tool for promotion of correctional staff.

Cooperatively worked with Human Resource Development consultants in the curriculum development and delivery of a Career Development Skills Training Program delivered to 22 Institutional Counselors in Virginia. The counselors were trained in teaching, lesson planning and Career Development Skills. The offenders trained by the counselors showed significant career learning gains and as a group achieved higher gains in obtaining and retaining employment upon release than a control group of offenders.

Based on my work, I was selected to participate in the development of a youth offender curricula with a national consulting firm. The curricula was designed to teach counseling staff how to teach living, learning and working skills to juvenile offenders.

GRANT WRITING AND ADMINISTRATION:

As a Staff Development Coordinator, I worked with Federal, State and Local Officials, as well as, both university based and national consulting firms. I have the skills to collect input, write grants, solicit work through RFP processes and monitor and evaluate grant budgets and services.

Contributed to the writing of grants and state budgets worth over three (3) million dollars. This included primary responsibility for writing grants to evaluate and redesign the treatment system for the Virginia Juvenile Institutions, develop a Departmental Training Academy and upgrade the Staff Development Program for the Department of Corrections.

RESEARCH AND EVALUATION:

Based on more than three (3) years of educational and work experience, I have learned how to combine program development and research so that the design of client, management and educational services can be guided by data based decisions.

While serving as project manager for all research projects conducted by the Bureau of Staff Organization and Development, Virginia Department of Corrections, I developed the following:

Under my supervision a statewide Medical Training Needs Evaluation was conducted. The needs of seven (7) juvenile and forty (40) adult correctional institutions were evaluated. The report resulted in the design of a comprehensive medical training program for the Virginia Department of Corrections.

RESEARCH AND EVALUATION: (continued)

An evaluation study that assessed the effectiveness of the Academy for Staff Development trainers.

An evaluation system to monitor the effectiveness and utility of a new Employee Orientation Program.

A computerized training records system to monitor the activities of the various Departmental training units.

In addition to my research design and statistical skills I have used my teaching experience to train staff in the skills needed to use the evaluation and monitoring systems I have developed. This strategy has resulted in a reduction in the costs of professional services needed to maintain these programs.

PROGRAM DEVELOPMENT:

My experience in the planning of human service programs involves more than six (6) years of work in both Community Mental Health and Correctional settings. I have developed services in the following problem areas: Emotionally Disturbed, Delinquent Youth, Parent-Child Conflict, Marital Dysfunction, Alcohol and Drug Abuse and Career and Educational Development.

As a Counselor for Catholic Charities, I participated in the development of a series of Mental Health programs. These included: an out-reach program providing intensive casework services to multiproblem families, a High School Drop-out program, parent training program and educational programs for low achievers.

As a Program Manager at the North Dakota Industrial School, I developed a total cottage life program involving a paraprofessional helper program, a token economy system, recreational programming and a group counseling program.

The group and individualized treatment program resulted in a 50% drop in the number of runaways and a 60% drop in the number of youths returned to the school after release.

While working as a House Manager for the Compass House, I participated in the design of crisis intervention programs for runaways and their families. The services included individual and group counseling for the House residents, family counseling, career and educational counseling and youth advocacy services. The program was cited for its excellence by the Police Department of Buffalo, New York, various local Mental Health agencies and church groups.

MANAGEMENT SERVICES:

As a Staff Development Coordinator, I have been involved in providing services to managers and administrators throughout the Virginia Department of Corrections. My skills in this area include the ability to efficiently collect and organize data, write reports and develop management information services.

MANAGEMENT SERVICES: (continued)

Participated in the development of a model performance based staff evaluation system. The system provides for a reliable, consistent method of evaluating staff's work performance.

Under my direction, a team of nurses, doctors, dentists and Departmental Administrators is in the process of developing a manual of policy and procedures for the Central Infirmary which services all of the youths committed to the care of the Commonwealth of Virginia. When completed, the manual will guide the practice of the Infirmary as well as, identify the critical standards of performance upon which the Infirmary will be audited.

Designed a transferable interviewing tool used by Departmental administrators and managers to conduct interdivisional and interbureau personnel selection processes.

Based on more than four (4) years' experience in the management of staff, programs and budgets and on the quality of my work, I was selected as management consultant by the Superintendents of the Academy for Staff Development and Hanover Learning Center for Youth.

REASEARCH AND WRITTEN WORK:

CPR TRAINING FOR CORRECTIONAL STAFF - A Model of a Cost Efficient Approach to Training in Corrections. (To be submitted for publication).

DIVISION OF YOUTH SERVICES, MEDICAL TRAINING NEEDS EVALUATION The medical training needs of all staff in seven (7) juvenile institutions were evaluated. Complete training program prescriptions were developed to address medical training needs identified (November, 1977).

DIVISION OF ADULT SERVICES, MEDICAL TRAINING NEEDS EVALUATION The medical training needs of 40 adult prisons were evaluated. Complete training program prescriptions were developed to address medical training needs identified, (October, 1977).

BON AIR CENTRAL INFIRMARY REORGAINIZATION PLAN A master plan to reorganize the management and delivery services of the Infirmary, (June, 1978).

HANOVER LEARNING CENTER TRAINING PROGRAM DESIGN A master program design to implement an interpersonal skills training program at a Juvenile Institution, (December, 1977).

STAFF DEVELOPMENT & PERFORMANCE BASED TESTING; Grant #A-3111 (continuation) Fy. '77 - '78 Division of Justice and Crime Prevention. (Co-Author)

INTER-DIVISIONAL TRAINER TRAINING; Grant #A3-111 (continuation), input for Fy. '78 - '79 planning. Division of Justice and Crime Prevention. (Co-Author)

RESEARCH AND WRITTEN WORK: (continued)

LEARNING ENVIRONMENT TREATMENT PROGRAM A grant funded project to evaluate and redesign the treatment services of the Juvenile Institutions of Virginia. Submitted to the Division of Justice and Crime Prevention, Virginia, (February, 1978).

JUVENILE CAREER AND COMMUNITY PRE-RELEASE PROGRAM A youth career development grant proposal accepted by CETA, (May, 1978).

EMPLOYMENT REFERENCES:

Dr. Thomas Leaman
Professor and Chairman
Department of Family and Community Medicine
The Milton S. Hershey Medical Center
The Pennsylvania State University
500 University Drive
Hershey, PA 17033
(717) 534-8187

Mr. Robert Phelps, Director
Bureau of Staff Organization & Developement
15 Milhaven Square
Richmond, VA 23233
(804) 740-1966 (Home)

EDUCATIONAL REFERENCE:

Dr. John J. Stretch
Professor of Research
St. Louis University
School of Social Service
St. Louis, MO 63103
(314) 658-2720 (Work)

CURRICULUM VITAE

NAME: Barbara J. Andrew, Ph.D.

BORN: August 9, 1943

MARIAL STATUS: Single

HOME ADDRESS: 1327 Bobarn Drive
Penn Valley, PA 19072

TELEPHONE: (215) 664-3389

PRESENT POSITION:

Director, Department of Research and Development
National Board of Medical Examiners
3930 Chestnut Street
Philadelphia, PA 19104
Telephone: (215) 349-6400, ext. 277

EXPERIENCE:

Director, Department of Research and Development. National Board of Medical Examiners. (1974 to present)

Director, Department of Allied Medical Evaluation. National Board of Medical Examiners. (1972-74).

Assistant Professor of Medical Education. University of Southern California, School of Medicine. (1970-72)

Research Associate. University of Southern California, School of Medicine. (1968-70)

Instructor. Humanities Division. Ventura College. Ventura, California. (1966-68)

EDUCATION:

Ph.D. Educational psychology. University of Southern California, 1970.
M.A. Foreign languages. University of California, Los Angeles, 1966.
B.A. Foreign languages. University of California, Los Angeles, 1965.

INVENTIONS:

Conceptualized and managed the development of an Interactive Audiovisual Simulation System. Patent #4,032,897. United States Patent Office.

SELECTED PAPERS AND PUBLICATIONS:

"Recertification: Findings and Challenges to Research and Development." Presented at the University of Michigan Medical School Fiftieth Anniversary Program, Smyposium on Alternative Mechanisms for Assessing Physician Competence, Ann Arbor, June 16, 1978.

SELECTED PAPERS AND PUBLICATIONS (cont'd):

"Fair Employment vs. Licensing & Certification -- Legal Tensions Surrounding Licensing Examinations, Discussion of Papers." Proceedings of the 1978 American Educational Research Association Annual Meeting, Washington, D.C. National Center for the Study of the Professions, 1978, pp. 16-19.

"An Evaluation of the Oral Examination of the American Board of Radiology." (with P.L. Brading) Consulting report, 47 pages. August, 1977.

"The Assessment of Attitudes and Interpersonal Skills for Specialty Board Certification." Presented at the Summer Retreat of the American Board of Internal Medicine, San Diego, California, August 1, 1977.

"The Use of Behavioral Checklists to Evaluate Physical Examination Skills." Journal of Medical Education. 52:589-591, July, 1977.

"Principles of Predictive and Formative Evaluation." Presented to the Academic Council of the Society of Nuclear Medicine." Atlanta, Georgia. January 13, 1977.

"Box Exercises for Teaching Problem Solving in Radiology." (With R.E. Miller) American Journal of Roentgenology. 128:271-272, February, 1977.

"Validation by Task Analysis." American Board of Medical Specialties on Extending the Validity of Certification. Chicago, Illinois. American Board of Medical Specialities, 1976, pp. 43-46.

"New Testing Methods, Old Testing Problems." Proceedings of a National Conference for Evaluating Competence in the Health Professions. New York, New York. Professional Examination Service, 1976, pp. 57-58.

"A Preliminary Investigation of Two Procedures for Setting Examination Standards." (with J.T. Hecht) Educational and Psychological Measurement. 36:45-50. Spring, 1976.

"Relationships between Clinical Competence Ratings and Examination Performance." (with F.J. Dowaliby) Journal of Medical Education. 51:181-188.

Setting Standards for Criterion-Referenced Examinations." Department of Health, Education and Welfare conference on Competency Assurance. Bethesda, Maryland. January 7, 1976.

"The Objective Assessment of Interpersonal Skills." Annual Conference of the National Board of Medical Examiners. Philadelphia, Pennsylvania. March 18, 1976.

SELECTED PAPERS AND PUBLICATIONS (cont'd):

The Evaluation of Behavioral Skills for Certification in the Health Professions." Annual Conference of the National Council on Measurement in Education. San Francisco, California. April 20, 1976.

"New Directions in the Assessment of Interpersonal Skills." Annual Conference of the American Educational Research Association. San Francisco, California, April 21, 1976.

The Use of Medical Record Audits to Evaluate the Performance of Physician's Assistants." Annual Conference on New Health Practitioners. Atlanta, Georgia. April 12, 1976.

"Interviewing and Counseling Skills: Techniques for their Evaluation." Journal of the American Dietetic Association. 66:576-580. June, 1975.

"Measurement in Higher Education." Discussant of paper session at the Annual Conference of the National Council on Measurement in Education. Washington, D.C., 1975.

"The Effects of Patient Simulations on Actors." (with D. Naftulin) Journal of Medical Education. 50:87-89. January, 1975.

"First National Certifying Examination for Primary Care Physician's Assistants." The P.A. Journal. 4:21-23. Summer, 1974. (Also published in the Federation Bulletin of the Federation of State Medical Boards. 61:298-303. September, 1974.)

"The Evaluation of Physical Examination Skills: Techniques for Direct Observation and their Reliability." Paper presented at the Research in Medical Education Conference of the Association of American Medical Colleges. Chicago, 1974.

"A Technique for the Evaluation of Pharmacist-Patient Interaction in a Clinical Setting." American Journal of Pharmaceutical Education. 37:290-299. 1973.

"A Methodology for the Development of Examinations to Assess the Proficiency of Health Care Professionals." Paper presented at the Research in Medical Education Conference of the Association of American Medical Colleges. Washington, D.C., 1973.

"Education Technology Project." Assignment Report for the World Health Organization. Project CEAR00096. 1973.

"An Approach to the Construction of Stimulated Exercises in Clinical Problem Solving." Journal of Medical Education. 12:952-958. 1972.

"Measuring Changes in Clinical Performance." Proceedings of the Regional Medical Programs National Conference and Workshop on Evaluation. Washington: Department of Health, Education and Welfare, 1972.

HONORS:

American Men and Women in Science.
Fellow, College of Physicians of Philadelphia.

CONSULTANT ACTIVITIES:

Have served as a consultant to the following organizations:

World Health Organization, Southeast Asia
National Academy of Sciences
National Cancer Institute
American Board of Pediatrics
National Consortium of Pediatric Nurse Practitioners
National Regional Medical Programs
Association for Hospital Medical Education
DHEW, Health Resources Administration
DHEW, National Center for Health Services Research
American Academy of Physicians' Assistants

PROFESSIONAL ORGANIZATIONS:

National Council on Measurement in Education
American Educational Research Association
Association of American Medical Colleges

CURRICULUM VITA

Jack L. Maatsch, Ph.D
Professor

4790 Skyline Drive
Perrinton, Michigan 48871
(517) 682-4482

EDUCATION

Michigan State University	B. A. - Psychology
Michigan State University	M. A. - Psychology
Michigan State University	Ph.D. - Psychology

PROFESSIONAL EXPERIENCE

June 1971 - Present	Professor, Office of Medical Education Research and Development, College of Human Medicine, Michigan State University
Feb. 1970 - Feb. 1971	President and Chairman of the Board, Serendipity, Inc., Sherman Oaks, California
Jan. 1968 - Dec. 1970	Vice President and Manager, Eastern Operations Division, Serendipity, Inc., Arlington, Virginia
Aug. 1962 - Dec. 1967	Project Leader, Institute for Defense Analyses, Arlington, Virginia
Aug. 1957 - Aug. 1962	Group Head, Senior Human Factors Scientist, Systems Development Corporation, Santa Monica, California
Aug. 1955 - Aug. 1957	Associate Social Scientist, Rand Corporation, Santa Monica, California
Sept. 1954 - Aug. 1955	Instructor, Department of Education and Psychology, South Dakota State College, Brookings, South Dakota

PAPERS AND PRESENTATIONS

"Toward a Testable Theory of Physician Competence: An Experimental Analysis of a Criterion-Referenced Specialty Certification Examination." Symposium Chairman and Presenter, AAMC-RINE, October 1978.

Distinguished Educator Lecture Series, 1976-1977: "Simulations in Medical Education: An Overview." University of Arkansas for Medical Sciences, College of Medicine. March 1977.

PAPERS AND PRESENTATIONS (continued)

"Highlights From a Study on the Use of Simulation Technologies in Medical Education," Poster Session AAMC-RIME, November 1976.

"Research on Simulations in Training and Evaluation." Office of Medical Education, Southern Illinois University Medical School, June 1976.

"Workshop of the Design of Multiple-Choice Items and Simulation Scenarios," Certification Examination Task Force, American College of Emergency Physicians, Houston, June 1976.

"A Two-Day Conference on Simulations in Medicine: A Progress Report," National Library of Medicine, May 1976.

"The Evaluation of Physician Performance in Simulated Examination Situations," AERA-NCME Convention, San Francisco, April 1976.

"Use of Simulations for In-residency Assessment, In-residency Assessment Sub-Committee," American Academy of Family Practice, February 1976.

"SYMPOSIUM on Variables in Instructional Methods," organizer, AAMC-RINE, November 1975.

VIM I: The Effects of Instructional Models on Comprehension and Retention of Several Dependent Performance Variables. AAMC-RINE, Nobember 1975.

"Formalizing Elicitation Theory: A General Theory of Behavior Modification," presented in Symposium on Radical Behaviorism, Midwestern Psychological Association, May 1974.

"Simulations in Medicine: A Summary of Symposium Proceedings," Michigan State University, May 1973.

"A Detailed Videotape Analysis of Behavior During Acquisition and Extinction of a Simple Approach Response: Thorndike and Guthrie Revisited." Research presented to the Midwestern Psychological Association Convention, April 1973.

"A Proposal to Establish a Medical Simulation Training Laboratory," Office of Medical Education Research and Development, Michigan State University, 1972.

"Designing Cost-Effective Instructional Simulations," Office of Medical Education Research and Development, Michigan State University, 1972.

CONSULTATIONS AND WORKSHOPS

Society of Teachers of Emergency Medicine, Workshop on Evaluating Clinical Competencies; Performance Rating, Kansas City, Mo., May 1977.

CONSULTATIONS AND WORKSHOPS (continued)

College of Nursing, Michigan State University: Simulation Workshop, March, 1977. (With W. Anderson and N. Hendershot)

American College of Emergency Physicians. Consultant and Technical Director for Development of the ACEP Specialty Certification Examination.

National Library of Medicine. Principle Investigator, Study on the Utility and Potential for Simulation Technology in Medical Education, 1976.

American Academy of Family Practice. Consultant to the In-residency Assessment Sub-Committee, 1976.

Center for Administration of Justice, Detroit, Michigan. Conducted discussion groups composed of judges, prosecuting attorneys, defense attorneys, and police on cross-professional problems in plea bargaining, June 1974.

Organized Crime Conference, San Francisco, May 1972. Assisted in an evaluation of the effectiveness of instructional methods employed in Conference.

National College of District Attorneys, The Association of State Executive Directors and Training Coordinators for Prosecuting Attorneys Conference, San Francisco, May 1974. Conducted workshop (with Dr. Ronald Richards) on Instructional Method for Continuing Professional Education.

The Association for Academic Psychiatry, Second National Conference. The Psychiatrist as a Teacher - II. Directed a workshop on "The Design and Use of Simulation Techniques."

Certification Committee, Canadian College of Family Physicians. Consultant on the Assessment of Clinical Skills in Simulated Office Orals During Certification Examinations, 1973.

PUBLICATIONS

Chapter 10, Assessment through Simulation in Evaluating Clinical Competence in the Health Professions, Erby, D. and Morgan Eds., C.V. Mosby: St. Louis, 1978. (with M. J. Gordon).

"Initial Pelvic Exam Instruction: The Effectiveof Three Contemporary Approaches." The American Journal of Obstetrics and Gynecology; 1977, 129, 2, pp. 124-129 (with G. Holzman, D. Singleton and T. Holmes).

"The Emergency Medicine Specialty Certification Examination (EMSCE)", Journal of The American College of Emergency Physicians; July 1976.

"An Introduction to Patient Games: Some Fundamentals of Clinical Instruction," Michigan State University Press, 1974.

"Learning and Fixation After a Single Shock Trial." Journal of Comparative and Physiological Psychology; 1959, 52, 408-410.

PUBLICATIONS (continued)

"Resistance to Extinction as a Function of the Discrimination Habit Established During Fixed Ratio Reinforcement." Journal of Experimental Psychology; 1957, 53, 451-456. (with M. R. Denny and R. H. Wells)

"Learning and Extinction Bsed Upon Frustration, Food Reward, and Exploratory Tendency." Journal of Experimental Psychology; 1956, 52, 311-315. (with H. M. Adelman)

"Resistance to Extinction as a Function of the Type of Response Elicited by Frustrations." Journal of Experimental Psychology; 1955, 50, 61-65. (with H. M. Adelman)

"Effort and Resistance to Extinction of the Bar-pressing Response." Journal of Comparative and Physiological Psychology; 1954, 47, 47-50. (with H. M. Adelman and M. R. Denny)

"Reinforcement and Extinction Phenomena." Psychological Review; 1954, 61 111-118.

"Toward a More Rigorous Theoretical Language." Psychological Review; 1953, 60, 189-196. (with R. A. Behan)

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Curriculum Vitae

NAME: John Frederick Amos

OFFICE ADDRESS: School of Optometry/The Medical Center
University of Alabama in Birmingham
Birmingham, Alabama

SOCIAL SECURITY #: 515-40-0717

TELEPHONE: (205)934-3036

BIRTHDATE: February 10, 1942

CHILDREN: 0

BIRTHPLACE: Chanute, Kansas

MARITIAL STATUS: Married

Education:

College - Labette County Community College
1960-1962; Degree: A.A.

Professional - Illinois College of Optometry
1962-1965; Degree: B.S., O.D.

Post Graduate - Indiana University
1969-1972; Degree: M.S.

AWARDS AND HONORS:

Bronze Star for Meritorious Service as Optometry Officer, Cam Rahn Bay, Republic of Vietnam.

American Optometric Foundation Fellowship 1970-71, 1971-1972

Certificate for high scholastic acheivement, Indiana University, 1970-1971

ASSOCIATION MEMBERSHIPS:

Association for Research in Vision and Ophthalmology, Society for the Sigma XI, American Academy of Optometry, American Optometric Association Armed Forces Optometric Society and Omega Delta Professional Optometric Fraternity.

PROFESSIONAL EXPERIENCE AND POSTITIONS HELD:

Private Practice - Practiced in association with Dr. George Stoy, Wichita, Kansas, August 1965 - January 1966.

Military Practice - Served as an optometry officer after receiving direct commission in Biomedical Science Corp of United States Air

Force. Assigned to: 816th Medical Group, Altus AFB, Oklahoma, February 1966 - October 1966. 12th USAF Hospital, Cam Ranh Bay, Republic of Vietnam, November 1966 - November 1967. 2791st USAF Hospital, Hill AFB, Utah. November 1967 - September 1969.

Discharged from active duty with the rank of Captain. Honorable Discharge, 1974.

Clinic Instructor - Indiana University Optometry Clinic, 1969 -1972.

Teaching Assistant - Ocular Pathology Laboratory, Division of Optometry, Indiana University, 1969.

Associate Instructor - Physiological Optics Laboratory, Division of Optometry, Indiana University, 1970.

Lecturer - Clinical Methods Course, Division of Optometry, Indiana University, 1971 - 1972.

Assistant Professor - University of Alabama in Birmingham, School of Optometry - Courses taught - Junior Colloquia, Clinical Examination of the Visual System.

Chief, Optometry Clinic, Diabetes Research and Education Hospital, University of Alabama Hospitals, 1972 - 1974.

SERVICE TO PROFESSION:

Consultant to American Optometric Association's COIT Project

Member of Research Committee of the Optometric Research Institute

Continuing Education Lectures

September 1973	-	Optometric Council of the Nation's Capitol Region Third Annual Educational Seminar.
October 1973	-	Alabama Association of Practical Nurses as part of program presented by Diabetes Professional Seminar.
October 1973	-	Seminar for Optometrists, Alabama Optometric Association.
November 1973	-	Fall meeting of North Carolina Optometric Association.
December 1973	-	American Academy of Optometry, General Papers Meeting, Paper presented on "Preliminary Investigation of Amplitude of Accommodation in Diabetic Patients".

March 1974 - Missouri Optometric Institute, St. Louis, Missouri.

March 1974 - Hypertention Screening Program, Continuing Education Program sponsored by Alabama Regional Medical Program.

March 1974 - Lecture to Nursing Staff of Dibetes Hospital on Visual Ocular Complications of Diabetes.

April 1974 - Region 8 Optometric Society on Diabetes, Participation in teaching optometry Series to graduate nurses in the School of Nursing, Winter Quarter, 1973-1974.

MIST Consultant on general examination problems and color vision.

SERVICE TO COMMUNITY:

Guest on local radio program during Diabetes Screening Week - November, 1973. Participated as member staff of Diabetes Research and Education Hospital and School of Optometry.

RESEARCH:

Master's Thesis - "The Early Receptor Potential Amplitude As a Function of Intensity in Three Species of Monkeys".

"Preliminary Investigation of the Amplitude of Accommodation in Diabetic Patients" Presented American Academy of Optometry, San Francisco, CA, 1973.

PUBLICATIONS:
In Print

1. Amos, John "Advancements in Vision Research", Optom. Weekly, 63: 530-531, May 25, 1972.

C.V. 1974 - 1975

SERVICE TO PROFESSION:

November 1974 - Fall Seminar, Alabama Optometric Association.

November 1974 - Hypertension Seminar Continuing Education Program,

School of Optometry funded by Alabama Regional Medical Program.

December 1974 - Hypertension Seminar

December 1974 - American Academy of Optometry, Ellerbrock Continuing Education Courses.

December 1974 - Moderator of Symposium on Practical Hints - Section on Communication and Education, American Academy of Optometry.

January 1975 - Hypertension Seminar

January 1975 - Hypertension Seminar, Diabetes Seminar, Southeast Educational Congress.

March 1975 - Hypertension Seminar

March 1975 - Hypertension Seminar
Kansas Optometric Association
Diabetes Seminar
Lecture to Graduate Nurse
Sponsored by Veterans Hospital

MIST Consultant in general examination problems and color vision.

Referee for Journal of the American Optometric Association

Television interview as part of series on Health Careers in Alabama, October, 1974. Channel 13, Birmingham, Alabama.

Committee Assignments:

Faculty Affairs Committee
Chairman, Advisory Committee on Residencies

Lecture given in other Courses:

Introduction to examination of the Ocular Fundus - (3 hours) -Ocular Anatomy, Dr. Hickey.

Causes and testing of acquired color defects with emphasis on the FM - 100 Hue test and the anomaloscope (2 hours) - Recent advances in Visual Sciences, Dr. Oyster.

Introduction to Diabetes Mellitus and the Visual and Ocular Manifestations of Diabetes (6 hours) - Ocular Pathology, Dr. Keller.

PUBLICATIONS:

Amos, John, "The Epidemiology of Diabetes Mellitus and Blindness Due to Diabetes", Amer. J. Optom. and Physiol. Optics, 51(9): 676-679, 1974.

Amos, John, "Use of a Diabetes Hospital in an Optometric Training Program, J. Amer. Optom. Assoc., 45(10): 1237 - 1240, 1974.

Amos, John, "Practice Hint," Southern J. Optom., 16: 41, Sept. 1974, 16:28, October, 1974.

Amos, John, Contributor to the "Self Assessment Continuing Education Program", J. Amer. Optom. Assn., 46(1): 76-82, 1975.

Amos, J.F., M.S. Klapper and I. Harper, "Optometric Participation in MIST (Medical Information Service via Telephone)" J. Amer. Optom. Assoc., 46(4): 376-379, 1975.

Amos, J.F., and J.T. Keller, "The Long View of Optometric Manpower", Optom., Man., May 1975, pp. 97 - 101.

In preparation

Manuscript on diabetes in preparation for the American Academy of Optometry Synopsis Series.

AWARDS AND HONORS:

New Faculty Research Grant, UAB. 1974.

Curriculum Vitae
June 1975 - May 1976
John F. Amos, O.D.

SERVICE TO PROFESSION:

Consultant to AOA Task Force on PSRO's.

Member of Research Committee of the Optometric Research Institute.

Referee for Journal of the American Optometric Association.

MIST Consultant in general examination problems and color vision.

Consultant on operatory design to V.A. Director of Optometry.

Continuing Education Lectures:

June 1975 - Lecturer in Rural Optometry program presented by SUNY College of Optometry.

October 1975 -

19 Alabama Optometric Association - Fall Meeting UAB Conference Center.

25, 26 Keystone Optometric Conference - Keystone Ski Lodge, Colorado.

11, 12 Hypertension Seminar - C.E. Program School of Optometry

29 Lecture on Ocular Signs in Diabetes Mellitus - Nurse Practitioner Program sponsored by V.A.

November 1975

1, 2 Hypertension Seminar - C.E. Program School of Optometry.

4 Lecture in Mississippi Optometric Association Continuing Education Center, University of Mississippi.

December 1975

10 Lecture in Ellerbrock Continuing Education Courses, American Academy of Optometry.

14 Co-author of paper presented at American Academy of of Optometry on Adult-Onset Cone-Rod Dystrophy.

15 Presenter in Symposium on Diabetes, Section on Pathology, American Academy of Optometry.

16 Co-moderator of program on Practice Hints, Section on Refraction, American Academy of Optometry.

February 1976

4 Lecture to Society of Massachusetts optometrists, Boston Museum of Science.

28 Lecture in Southern Council of Optometrists as part of Continuing Education Program.

April 22, 1976 Lecture to Nurse Practitioner Program, sponsored by V.A.

May 1, 1976 Lecture to Florida Optometric Association, State Convention, St. Petersburg, Florida.

May 20, 1976 Lecture to Tennessee Optometric Association, State Convention, Memphis, Tennessee

Aug. 8, 1976 Lecture Continuing Education, School of Optometry, UAB

Sept. 19, 1976 Lecture to Black Hills Optometric Society, Rapid City, S.D.

Oct. 6, 1976 Lecture to Indiana Optometric Association, Bloomington, Indiana

Committee Assignments:

Faculty Affairs Committee
Chairman, Advisiory Committee on Residencies
Interviewing prospective students for Student Affairs Committee

Lectures given in other courses:

Anatomical landmarks of the anterior chamber angle and gonioscopy -(3 hours) - Ocular Anatomy Laboratory - Dr. Hickey

Ophthalmoscopic inspection of the ocular funds - (3 hours) - Ocular Anatomy Laboratory - Dr. Hickey

Introduction to Diabetes Mellitus and the Visual and Ocular Manifestations of Diabetes - (4 hours) - Ocular Pathology - Dr. Keller

Publications:

"Requesting patient information," Optometric Management, accepted for publication, March 1976.

"The Roth 28 Hue Test," co-author, T. Piantanida, submitted to Amer. J. Optometry and Physiol. Optics, September.

"Cone-rod dystrophy: A case report," co-authos, L. Norden and R. Newcomb. Manuscript in progress.

Course Assignments:

Clinical Examination of the Visual System - Lecture and Laboratory

Advanced Clinical Topics - Lectures

Curriculum Vitae
June 1976 - 1977
John F. Amos, O.D.

SERVICE TO PROFESSION:

Coordinated Pediatric Optometry Issue for J. Amer. Optom. Assn., April, 1977

Member of Research Committee of the Optometric Research Institute

UAB School of Optometry's representative to Association of Optometric Educators

Referee for Journal of the American Optometric Association

Referee for American Journal of Optometry and Physiological Optics

MIST Consultant in general examination problems and color vision

Vice-Chairman of Section of Refraction American Academy of Optometry

Continuing Education Lecturers

August 8, 1976	-	Lecture Continuing Education program UAB/S.O.
Sept. 19, 1976	-	Lecture to Black Hills Optometric Society, Rapid City, South Dakota.
October 6, 1976	-	Lecture to Indiana Optometric Assn., Bloomington, Indiana.
26, 1976	-	Lecture to Nurse Practitioner Program, sponsered by V.A.
December 10, 1976	-	Lecture in Ellerbrook Continuing Education Courses, American Academy of Optometry. Visual and Ocular Manifestations of Diabetes Mellitus Vertical Deviations.
12, 1976	-	Presented paper which is coauthored on the Roth 28 Hue test.
14, 1976	-	Comoderator of program on Practice Hints, Section of Refraction, American Academy of Optometry.
January 27, 1977	-	Lecturer in Continuing Education program, North Central States Optometric Congress, Minneapolis, Minnesota.

February 28, 1977 - Lecturer in Continuing Education Program, Southern Council of Optometrists.

March 23, 1977 - Lecture Continuing Education program SUNY College of Optometry.

April 16, 17, 1977 - Laboratory instructor for pharmacology course UAB/S.O. Continuing Education program.

26, 2977 - Lecture to Nurse Practitioner Program, sponsored by V.A.

Committee Assignments:

Faculty Affairs Committee
Chairman, Advisory Committee on Residencies
Member Advisory Committee on Optometric Technicians Program

Lectures given in other courses:

Anatomical landmarks of the anterior chamber angle (2-hours) - Ocular Anatomy - Dr. Hickey - Winter Quarter

Explanation of ocular disease conditions based on ocular anatomy (2-hours) Ocular Anatomy Laboratory - Dr. Hickey - Winter Quarter

The eye not corrected to 20/20 (2-hours) - Advanced Clinical Topics - Dr. Alexander - Fall Quarter

Management of the Patient with Monocular Dilopia (2-hours) - Advanced Clinical Topics - Dr. Alexander - Spring Quarter

Accessory Refractve Techniques (1-hour) Advanced Clinical Topics -Dr. Alexander - Spring Quarter

Refractive Amblyopia (2-hours) - Advanced Clinical Topics - Dr. Alexander Spring Quarter

Vertical Deviations (2-hours) - Advanced Clinical Topics - Dr. Alexander Spring Quarter

Refraction at Near (2 hours) - Advanced Clinical topics - Dr. Alexander Spring Quarter

Examination of the patient with partial cataracts, (1-hour) - Geriatric Optometry - Drs. Potter and Sawyer

Refraction of the patient with partial cataracts, (1-hour) - Geriatric Optometry - Drs. Potter and Sawyer

Visual and Ocular Manifestations of diabetes Mellitus with an introduction to systemic aspects, (6-hours) - Ocular Pathology, Dr. Keller

Publications:

"Requesting Patient Information," Optometric Management, 13:99-100, 1977.

With J.B. Eskridge, "Examination Reminders," South Journal Optometry, 18:9-11, 1976.

"Refractive Amblyopia: its classification, etiology and epidemiology," J. Amer. Optom. Assn., 48(4): 489-497, 1977.

Wtih Tom Piantanida, "The Roth 28 Hue test", Amer. J. Optom. Physical Optics., Vol. 54, No. 3: 171-177, 1977.

"An unusual congenital cataract: The spirochete-like cataract with cerulean opacities, accepted for publication as Case in Point Feature, J. Amer. Optom. Assn., April 1977.

"Diagnosis of Refractive amblyopia," submitted for publication, Jr. Amer. Optom. Assn., April, 1977.

With Lyman Norden and Robert Newcomb, "Cone-Rod Dystrophy: Its Diagnosis and Management", submitted to Amer. J. Optom. Physiol. Optics, May 1977.

SERVICE TO COMMUNITY:

Participation in Health Fair, October 1976.

Participation in Save Your Vision Program, March, 1977.

COURSE ASSIGNMENTS:

Clinical Examination of the Visual System - Lecture and Laboratory.

AWARDS, HONORS, PROMOTIONS:

Promoted to Associate Professor with tenure October 1976.

Curriculum Vitae
June 1977 - May 1978
John F. Amos, O.D.

SERVICE TO PROFESSION:

Member of Board of Review of the Journal of the American Optometric Association, Section on Primary Care.

Chairman of subsection on Clinical Management of section on Primary Care, American Academy of Optometry.

Organized symposia for American Academy of Optometry, 1977, Birmingham, Alabama.

Section on Ocular Disease - Photodocumentation
Section on Refraction - The use of cyclopegics in refraction
Astigmatism: its epidemiolog, etiology and management

Referee for Journal of the American Optometric Association.

Referee for American Journal of Optometry and Physiological Optics.

MIST consultant in general examination problems and color vision.

Continuing Education Lectures:

June 5	Lecture to North Carolina Optometric Society, Wrightsville Beach, North Carolina
July 5	Lecture to AOA Congress, Toronto, Canada
July 6	Lecture to AOA Congress, Toronto, Canada
July 7	Lecture to AOA Congress, Toronto, Canada
July 24, 25	Lecture Continuing Education Program UAB/SO
October 25	Zone 5 Society meeting, Montgomery, Alabama
December 8	American Academy of Optometry, Birmingham, Alabama
December 9	American Academy of Optometry, Birmingham, Alabama
January 4	AOA, Prototype Seminar, Phoenix, Arizona
Janueary 15	AOA Prototype Seminar, St. Louis, Missouri
January 27	North Central States Optometric Conference, Minneapolis, Minnesota
February 28	Southern Council of Optometrists, Atlanta, Georgia

April 14 — AOA Prototype Seminar, Minneapolis, Minnesota

April 21 — Mountain West Council of Optometrists, Salt Lake City, Utah

May 19 — Tennessee Optometric Association, Knoxville, Tennessee

Committee Assignments:

The management of the patient with monocular diplopia - (2 hours), Advance Clinical Topics, Dr. Norden. Fall Quarter.

Clinical Considerations in Color Vision - (2 hours), Advanced Clinical Topics, Dr. Norden. Fall Quarter.

Vertical Deviations - (2 hours), Advanced Clinical Topics, Dr. Norden. Fall Quarter.

Refractive Amblyopic - (1 hour), Advanced Clinical Topics, Dr. Norden. Winter Quarter.

Publications:

"An unusual congenital cataract: the spirochete-like cataract with cerulean opacities," J. Am. Optom. Assoc. 49(1): 109-110, 1978.

Refractive amblyopia: its differential diagnosis, J. Am. Optom. Assoc. 49(4): 361-366, 1978.

SERVICE TO COMMUNITY:

Lecture to Dames Club, February 1978.

Lecture to medical students involved in Alabama Student Health Coalition, March 1978.

COURSE ASSIGMENTS:

Clinical Examination of the Visual System -

Lecture	2 hrs./week
Laboratory	6 hrs./week
Clinic	4 hrs./week

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Curriculum Vitae
June 1978 - May 1979
John F. Amos, O.D.

SERVICE TO PROFESSION

Journals and Committee's

Member of Board of Reveiw, JAOA, Section on Primary Care

Chairman, Subsection of Clinical Management, Section on Primary Care, American Academy of Optometry

Chairman, Editorial Council, Journal of Optometric Education

Research Screening Committee, Southern Council of Optometrists

Referee for Journal of the American Optometric Association

Referee for American Journal of Optometry and Physiological Optics

Referee for Journal of Optometric Education

MIST Consultant in general examinations and color vision

Continuing Education Lectures

July 15-16, 1978
UAB Series on Ocular Disease Part III

Sept. 29
Opti fair West Longbeach, California

Oct. 1, 1978
UAB Series on Ocular Disease Part V

Oct. 21, 1978
Maryland Optometric Center, Baltimore, MD

Nov. 5, 1978
South Carolina Optometric Society, Columbia, S.C.

Dec. 5, 1978
American Academy of Optometry, Boston, Mass.

March 1, 1979
Mountain West Council of Optometry, Salt Lake City, UT

March 19, 1979
Opti Fair East, New York, NY

April 22, 1979
UAB Series on Signs and Symptoms of Systemic Disease

Committee Assignments

Chairman, Advisory Committee on residencies

Lectures given in other courses

Diseases and conditions of the anterior segment of the eye. CEVS 6 hours.

Visual and Ocular Manifestations of Diabetes Mellitus. Ocular Disease 4 hours.

Publications

"Sheathing of the retinal vessels", Rev. Optom. 116(2): 35-38, Feb. 1979.

"An area of vital interest" Editorial Journal of Optometric Education 4(2): 3, Fall, 1978.

"Refractive Amblyopia" A preventable vision condition" accepted JAOA.

"Cone-rod dystrophy: a case report" Am. J. Optom. 55(12): 824-835, Dec. 1978 with Norden, L.D. and Newcomb, R.D.

SERVICE TO COMMUNITY:

UAB voter registration drive, School of Optometry representative

COURSE ASSIGNMENTS:

Advanced Clinical Topics
Lecture 2 hrs/week
Laboratory 4 hrs/week (Fall and Winter)

Residency Conference
4 hrs/week

Clinic
Fall Quarter 4 hrs/week
Winter Quarter 4 hrs/week
Spring Quarter 12 hrs/week

HONORS AND AWARDS:

Elected to UAB Circle of ODK
Honorary scholastic fraternity
Installed May 1978

CURRICULUM VITAE

John R. Roggenkamp, B.S., O.D., F.A.A.O.
Pacific University
College of Optometry
Forest Grove, Oregon 97116
College Phone: 503-224-2323
Home Phone: 503-648-0356

I PERSONAL INFORMATION

Date of Birth:	June 22, 1937
Place of Birth:	Evergreen Park, Illinois
Social Security #:	504-40-1044
Married:	Janice K. Roggenkamp, B.S., M.S., Ed.D.
Children:	Dawn, Age 7

II EDUCATION

Grade School: Perkins County Consolidated School System, Bison, South Dakoto, 1943-1952. Graduated with honors and Superintendent's Scholarship Award.

High School: Lemmon High School, Lemmon, South Dakota, 1952-1955. Graduated with honors and National Honor Society Award for Scholarship.

College: South Dakota State University, Brookings, South Dakota,

1955-1959. South Dakota State Scholarship Award for 4 years. B.S. Electrical Engineering with minor in Education.

Post-Graduate: Illinois College of Optometry, 1959-1962. Bachelor's Degree-1961, O.D. Degree-1962. Dean's Academic Achievement List, Robert R. McCormick Post-Doctorate Fellowship in Pediatric Optometry, 1962-1963. Pennsylvania College of Optometry, 1975, Systemic and Ocular Pharmacology (84 hours).

III PROFESSIONAL EXPERIENCE

1962-1963:	Director, Vision Clinic, Chicago Boy's Club
1963-1974:	Member of Faculty, Illinois College of Optometry (Full Time)
1965-1974:	Private Practice Limited to Contact Lenses
1974-1975:	Chief of Staff, North Philadelphia Clincal Facility, Pennsylvania College of Optometry
1975-1976:	Director of Clinical Education, Pennsylvania College of Optometry
1974-1976:	Technical Editor, Optical Hournal and Review of Optometry
1975-1976:	Director, Special Projects, Pennsylvania College of Optometry

1976-Present: Associate Director of Clinics, Pacific University
1976-Present: Project Director, DHEW-BHME Special Project Grant
1976-Present: Contributing Editor, Optical Journal and Review of Optometry

IV PROFESSIONAL ORGANIZATIONS

Fellow, American Academy of Optometry since 1965.
Member, Illinois Optometric Association sicne 1960.
Member, American Optometric Association since 1960.
Member, West Suburban Optometric Society since 1965.
Served on Illinois Optometric Association Committee for Assistance to Graduates and Undergraduates, 1966-1972.

V ACADEMIC RANKS

1963-1965: Instructor in Clinical Optometry
1965-1972: Assistant Professor in Optometry
1972-Present: Associate Professor in Optometry

VI ACADEMIC EXPERIENCE

1963-1966: Member of Clinical Staff, Illinois College of Optometry Instructor in Clinical Procedures and in Contact Lens Laboratories. Member of Research Committee, Clinic Committee, Fellowship and Awards Committee, Library and Audio-Visual Aids Committee.

1966-1974: Director, Contact Lens Department, Illinois College of Optometry, lectureer in contact lenses, biomicroscopy, low vision and aniseikonia. Laboratory and seminar programs in contact lenses, biomicroscopy, low vision, aniseikonia and clinical procedures.

1974-1975: Chief of Staff, North Philadelphia Clinical Facility, Pennsylvania College of Optometry.

1974-1976: Clinical Staff in Contact Lens Clinic, Associate Lecturer in Contact Lenses, Geometrical Optics, Theory and Methods of Optometry, Pennsylvania College of Optometry.

1975-1976: Director, Special Projects. Director of Clinical Education, Patient Care Division, Pennsylvania College of Optometry.

1976-Present: Associate Director of Clinics, Pacific University.

VII CONTRIBUTIONS TO EDUCATIONAL PROGRAMS AT ILLINOIS COLLEGE OF OPTOMETRY

Reorganized and enlarged Contact Lens Department, Curriculum, and Clinic, 1966-1974.
Initiated and directed Faculty Recruitment Program, 1967-1974.
Reorganized and directed Student Research Program, 1968-1972.
Instituted and Directed Instrument and Equipment Procurement Program, 1969-1974.

Organized and directed Special Clinical Procedures Program, 1969-1973.
Initiated and directed Clinical Research Program in Contact Lenses, 1971-1974.
Served as Co-director of Clinical Re-organization Program, 1973.
Organized and administered Clinic Optical Laboratory, 1973-1974.

Member of the following College Committees:
- Committee on Clinic Affairs
- Committee on Faculty Affairs
- Faculty Representative to Board of Trustees Finance Committee
- Member, Governing Council, The Faculty Organization

VIII CONTRIBUTIONS TO EDUCATIONAL PROGRAMS AT PENNSYLVANIA COLLEGE OF OPTOMETRY

Initiated, developed, and administered In-Service Education Program for Professional taff of the Patient Care Division, 1974 to 1975.

Redefined and established new clinical standards of practice, 1974 to 1976.

Developed quality control system for clinical practice with staffs of Professional Studies Division and Patient Care Division, 1974 to 1976.

Developed professional standards review system with staffs of Professional Studies Division and Patient Care Division, 1974 to 1976.

Developed Social Services Department within Patient Care Division, 1974 to 1975.

Formulated goals and management of new Extern Program, 1974 to 1976.

Initiated and developed new Faculty Evaluation Program in Patient Care Division, 1975.

Revised Intern Evaluation Program, 1975 (with staff of Patient Care Division).

Designed experimental clinical education system and helped with HEW grant seeking funds to build support facility for same, 1975.

Devised Experimental Clinical Methods Education Program, 1975 to 1976 (with staff of Professional Studies Division).

Devised new programming for scheduling of interns in various rotations through Patient Care Division, 1975 to 1976.

Developed new data collection methods and systems for control and management of patient populations, intern populations, patient services, intern evaluations, and fiscal and statistical recores, 1975 to 1976.

Development and administration of HEW Special Care Project Grant: Training of Optometrists in New Clinical Settings (Approved and funded 1975).

Assisted in planning and development of new clinical training facility, 1975 to 1976.

Member of the following College Committees:
Faculty/Student Judiciary Committee
Dean's Faculty Recruitment Committee

IX CONTRIBUTIONS TO EDUCATIONAL PROGRAMS AT PACIFIC UNIVERSITY

Development and administration of DHEW Special Project Grant: Program to Enhance the Clinical Training of Optometry Students. (Approved and funded, 1976)

Development and administration of off-campus clinical sites, 1976 to present.

Developing new Clinical Internal Management Program (with Dr. James E. Peterson 1976 to present.

Developing new Clinical Records System, 1976 to present.

Developing new Clinical Fee System, 1976 to present.

X RESEARCH EXPERIENCE

Developed and built Flicker Fusion Perimetric Instrument, 1970.

Research on Corneal Topology, topography and methods of measurement, 1966 to present.

Designing and developing new method of presenting stereoscopic slides binocular refraction.

Designing and developing new means of measuring intra-ocular pressure by electronic meands.

Served as FDA Research Monitor for Hydralens hydrophilic contact lens on its Phase II and Phase III Investigation.

Former member of Optometric Research Panel for Bausch and Lomb Optical Company.

Presently serving as Clinical Research Associate for Bausch and Lomb Soflens Division.

Developed and served as primary investigator on clinical research programs on Low Plus "N" and Minus "B" Lens Series.

Designed and researched Trial Lens fitting technique for Bausch and Lomb Soflens.

Design Associate and primary clinical investigator for experimental Soflens designs.

Served as Clinical Research Associate for Allergan Pharmaceuticals for hydrophilic lens solution systems.

Presently conducting independent research on "low-pressure" glaucoma detection, (with Robert Berman, O.D., and Joseph Toland, M.D.).

Presently conducting independent research on immune responses of the eye and means of detection, differentiation and management of the responses, (with Joseph Tolant, M.D. and Sol Pollan, B.S., M.S., Microbiologist).

XI PROFESSIONAL LECTURES AND SEMINARS

Over 50 seminars and lectures on hydrophilic lens technology, fitting, and probem solving, to local and regional Optometric and Medical Groups.

Lecture, seminar and laboratory programs on Biomicroscopy, ad Keratoconus, bifocal contact lenses, small contact lens fitting techniques, toric contact lens fitting techniques, contact lenses as therapeutic optic aids, and related subject to both large and small professional groups.

Guest lecturer at the Heart of America Congress, North Central Congress, Wisconsin Optometric Association, Illinois Optometric Association, National Contact Lens Research Conference.

Special guest lecturer to American Biological Photographers' Association National Convention. Lecture, demonstration, and laboratory on slit lamp photobiomicroscopy.

Special lecturer to American Association of Optical Engineers National Convention.

Lecture on "The Eye as an Optical Information Processing and Transducing System".

Lectures to numerous lay groups on vision, vision problems and management, and vision screenings.

XIII PROFESSIONAL SERVICE TO THE COMMUNITY

1969-1974: Educational Liason to Vision Conservative Institute, a Community Vision Screening Program.

1974-1976: Member of Formation Committee of a Prevention of Blindness Program for Philadelphia County, a Community Screening Program administered temporarily by the Nevil Institute for the Blind.

1 : 1

CURRICULUM VITAE

NAME: Jack E. Richman

BIRTH DATE: October 28, 1942

HOME ADDRESS: Rte. 2, Box 106X, Big Rapids, MI 49307

OFFICE ADDRESS: Pennock Hall, Fessis State College, Big Rapids, MI 49307

Married: Wife: Judi
Children: Harvey
Roni

EDUCATION:

1. Philadelphia College of Pharmacy and Science - 1960-1964.

2. Pennsylvania College of Optometry - 1964-1968.

3. Temple University - 1966; Graduate credits in Child Psychology; Psychology of Exceptional Children; Abnormal Psychology.

4. Post-Graduate Seminars and courses in Child Vision Care and Visual Development.

DEGREES:

B.S. Bachelor of Science Biology: Chemistry

O.D. Doctorate in Optometry

PROFESSIONAL ORGANIZATIONS AND HONORS:

1. Scholarship - full tuition - Board of Trustees to Pennsulvania College of Optometry (1964).

2. Diplomate - National Board of Examiners in Optometry (1969).

3. Fellow - American Academy of Optometry (1972).

4. Professional Organizations:

American Optometric Association
Pennsylvania Optometry Association
Bucks-Montgomery Optometric Society
Optometric Extension Program - Clinical Associate
Council for Exceptional Children
Division for Children with Learning Diabilities
Montgomery County Association for Retarded Children
American Academy of Optometry

5. College of Optometrists in Vision Development (C.O.V.D.) Associate Member, 1975.

6. Diplomate - American Academy of Optometry; Section on Binocular Vision and Perception - 1974.

PROFESSIONAL EXPERIENCE:

1. Staff Pediatric Optometrist at the Ashbourne School, (Priv. School for Children with Learning Diabilities), Elkins Park, PA, 1968-1970.

2. Assistant Clinic Chief - Visual Training and Orthoptics Department, Pennsylvania College of Optometry Eye Clinic, 1968-1970.

3. Optometric Consultant, Lee-Valle School for Learning Diabled Children, Bethlehem, PA, 1968-1969.

4. Senior Optometric Consultant to Intermediate Unit #22 Bucks County Public Schools, Department of Special Pupil Services, Doylestown, PA, 1969-present.

   Duties: Provide consultative services to 12 districts; to school nurses, psychologists, special services programs regarding visual functioning and its educational relationships. In-service workshops are provided to teachers and other staff regarding visual development and functioning.

5. Optometric Consultant - Hatboro - Horsham Schools Summer Reading Project, Title I, E.S.E.A. grant.

   Duties: Coordinated visual and perceptual testing and therapy program in conjunction with the Reading Supervisor and Staff.

6. Optometric Consultant and Workshop Leader for Title VI E.S.E.A. grant to train primary teachers and school nurses in identification and remedial approaches of children with visual and perceptual development difficulties, Bristol Twp., Bristol, PA, 1971.

7. Staff Pediatric Optometrist - Bristol Township Schools Member of Multidiscipline Diagnostic Evaluation Team; Duties Consist of in-service, consultation and program recommendations regarding visual and perceptual functioning of exceptional and regular class children; 1972 - present.

8. Consultant, North Hills Day Care Center - Pre-school program; Health Clinic Services.

9. Optometric Consultant - Hatboro - Horsham School District. Coordination of perceptual testing program in conjunction with the Reading Supervisor in order to plan for future needs of the district. Perceptual training resource rooms have been established and are under the guidance of the reading supervisor and optometric consultant. 1972 -present.

10. Private Practice - group practice with another optometrist and learning disabilities teachers, 1969 - 1974.

11. Optometric Consultant (Representing Pennsylvania Optometric Association) Commonwealth of Pennsylvania, Department of Health, Special Task-Force on Vision Screening in Pennsylvania, 1974-present.

12. Consultant, School Health Committee for Comprehensive Health Planning, Commonwealth of Pennsylvania, Department of Health, 1974.

13. Consultant, Department of Health, Education and Welfare (HEW) Special Project Grants.

14. Consultant, Montgomery County Intermediate Unit, Non-Public School Services, 1977.

15. Optometric Consultant, Grand Rapids Public Schools, Special Education Services, 1978.

16. Optometric Consultant-Muskegon Public Schools Dept. of Special Education; Exceptional Infant and Pre-school Handicapped Program, 1978.

17. Optometric Consultant-Mecosta-Osceola Intermedicate School District, Big Rapids, MI, 1978.

PAPERS AND ARTICLES:

1. "Optometric Consultant Services to a County School System", Journal of the A.O.A.. Vol. 44, No. 11, November, 1973.

2. "Visual Consultant Services to Bucks County Schools", 1970 1st Ed., 1971 2nd ed., Bucks County Schools Press, Doylestown, PA.

3. "An approach to Vision Care for the Learning Disabled Child", published in the "Learning Disabilities Program in Bucks County Schools"; Bucks County Schools Press, Doylestown, PA, 1971.

4. "The Relationship of Split-Form Board Performance and Reading Performance" Transcript of Eastern Seabord Vision Training Conference. January 24, 1974; Washington, DC.

5. "Telebinocular Visual Skills and MKM Binocular Reading Tests performance in a remedial reading population", August, 1972, Title I E.S.E.A. project.

6. "The use of Alphabet Knowledge as a Screening Test for Underachieving First-Graders in the Optometric Offce". February-April 1972 (unpublished).

7. "Rehabilitative Techniques for Binocular Dysfunction", 1st Edition, 1975, Pennsylvania College of Optometry Press, Philadelphia, PA, 2nd Edition, 1976.

8. "Is There a Relationship Between Vision Therapy and Academic Achievement" Symposium: Review of Optometry, Vol. 114, No. 7, July 15, 1977.

9. Book Review; "Vision, It's Impact on Learning" by R. Wold; Review of Optometry, 1978.